Section 2 of 2
LOUISIANA
FY 08-09

Community Mental Health Services Block Grant Application

FY 2009 Plan

September 1, 2008
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Office of Mental Health
Department of Health and Hospitals

*note: Table of Contents is located in Part 1 (of 2)

LOUISIANA FY 2009
BLOCK GRANT PLAN

Part C
STATE PLAN
Section III

PERFORMANCE GOALS AND ACTION PLANS TO IMPROVE THE SERVICE SYSTEM

CHILD/YOUTH PLAN

EMERGENCY RESPONSE

Louisiana Spirit Hurricane Recovery Crisis Counseling Program

Louisiana Spirit is a series of FEMA/SAMHSA service grants funded through the Federal Emergency Management Agency and administered through the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. The Louisiana Office of Mental Health was awarded a federal grant for the Crisis Counseling Assistance and Training Program (CCP) in Louisiana, which focuses on addressing post hurricane disaster mental health needs and other long term disaster recovery initiatives, in coordination with other state and local resources. Crisis Counseling Programs are an integral feature of every disaster recovery effort and Louisiana has used the CCP model following major disasters in the state since Hurricane Andrew in 1992.

The CCP is implemented as a supplemental assistance program available to the United States and its Territories, by the Federal Emergency Management Agency (FEMA). Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 1974 authorizes FEMA to fund mental health assistance and training activities in areas which have been Presidentially declared a disaster.

These supplemental funds are available to State Mental Health Authorities through two grant mechanisms: (1) the Immediate Services Program (ISP) which provides funds for up to 60 days of services immediate following a disaster declaration; and (2) The Regular Services Program (RSP) that provides funds for up to nine months following a disaster declaration. Only a State or federally-recognized Indian tribe may apply for a crisis counseling grant.

Upon receiving the Presidential disaster declaration, OMH conducted a needs assessment to determine the level of stress being experienced by disaster victims and determined that existing State and local resources could not meet these needs. Subsequently, Louisiana immediately applied for a Crisis Counseling grant in response to the impact of Hurricane Katrina and later Hurricane Rita. Louisiana Spirit funds are targeted to the residents of all 64 parishes affected by the devastation of Hurricanes Katrina and Rita.

Disaster mental health interventions include outreach and education for disaster survivors, their families, local government, rescuers, disaster service workers, business owners, religious groups and other special populations. CCPs are primarily geared toward assisting individuals in coping with the extraordinary stress caused by the disaster and connecting them to existing community resources.

The CCP does not provide long term, formal mental health services such as medications, office-based therapy, diagnostic and assessment services, psychiatric treatment, substance abuse treatment

or case management; survivors are referred to other entities for these services. CCPs provide short-term interventions with individuals and groups experiencing psychological reactions to a major disaster and its aftermath. Community outreach is the primary method of delivering crisis counseling services and it consists primarily of face-to-face contact with survivors in their natural environments in order to provide disaster-related crisis counseling services Crisis counseling services include: Information/Education Dissemination, Psychological First Aid, Crisis/Trauma Counseling, Grief & Loss Counseling, Supportive Counseling, Resiliency Support, Psychosocial Education, and Community Level Education & Training.

Louisiana Spirit Hurricane Recovery program consists of three separate grants and currently employs a diverse workforce of approximately 466 staff members, primarily Outreach Workers. Included are several sub-grantee agencies: Louisiana State University Health Science Center (LSUHSC) Department of Psychiatry, Harmony Family Support & Outreach Services, Options for Independence, and Volunteers of America of Greater Baton Rouge, and Volunteers of America of Greater New Orleans. Each agency works in a designated service area. Management and oversight of the program is provided by a state-level executive team dedicated to the support of all operations of the project.

Louisiana Spirit is designed to facilitate integration with other recovery initiatives, rather than compete with them. Therefore, the Louisiana Spirit state-level organizational structure is designed to continuously be in contact with recovery initiatives throughout Louisiana and coordinate its activities with these other recovery operations. Community Cultural Liaisons at the provider and state levels work to continuously keep up with changing community resources to share with survivors and other community entities.

The goal of Louisiana Spirit is to deliver services to large numbers of residents who are diverse in age, ethnicity, and needs. Extensive ongoing evaluation of the program includes assessment of the services provided, the quality of the services provided, the extent of community engagement, and monitoring of the health and recovery of the entire population. The evaluation plan for Louisiana Spirit is multifaceted to reflect the ecological nature of the program seeking to promote recovery among individuals, communities, and the entire population of Louisiana. The assessment component of Louisiana Spirit hopes to answer the question of not only the absolute number of people served but how the services are distributed across geographic areas, demographic groups, risk categories and time. To this end, each of the state-level administrative staff members is responsible for ensuring fidelity to the CCP model and expectations as directed by SAMHSA/ FEMA.

SAMHSA/ FEMA also requires CCPs to collect information to provide a narrative history-a record of program activities, accomplishments and expenditures. Louisiana Spirit collects data on a weekly basis from all providers which is analyzed by the Evaluation Director and also sent to SAMHSA for further analysis and comparison with data from all the other Immediate Services Program and Regular services Program Crisis Counseling Programs in the nation. Since September 2006, over 327,446 individual visits have been made, with 187,392 of the visits occurring during the 2007-2008 fiscal year.

To help to monitor geographic dispersion/reach/engagement, the number of individual and group counseling encounters for a given week/month/quarter are tallied by zip code and displayed graphically as a check of whether communities are being reached in accord with the program plan and community composition. To monitor demographic dispersion/reach/engagement, the individual encounter data has been broken down by race, ethnicity and preferred language as one indicator of how well the program is reaching and engaging targeted populations. Similarly, the individual and group encounter data can be analyzed according to risk categories, such as rescue/recovery, bereavement, displacement, or pre-existing mental health problem, therefore allowing the program to use the data in real time to determine how well they are reaching groups who would predictably need particular services. In addition, a voluntary anonymous participant survey has been used to add depth to the information about the individuals participating in the individual and group counseling encounters such as the severity of the participant's exposure, current problems, and their satisfaction with services.

Federal funding for the Louisiana Spirit program from FEMA is scheduled to end December 31, 2008, making it one of the longest post-disaster FEMA funded crisis counseling programs in history.

Social Services Block Grant

The Social Services Block Grant (SSBG) was awarded to Louisiana following Hurricanes Katrina and Rita in 2005. Almost $65M was allocated for mental health services. The SSBG funds were used to sustain programs that were vulnerable following the disaster and to initiate new services needed as a result of the hurricanes. The SSBG funded programs included extensive crisis services for adults, and school-based and enhanced crisis services for children and youth. The services were provided to those directly and indirectly impacted by Hurricanes Katrina and Rita, in addition to those with SMI and EBD. Funds were also used in several Regions and Districts to provide services to people who do not meet the criteria for SMI or EBD, but were in need of some form of mental health intervention related to the aftermath of the hurricanes. Many of the programs initiated with SSBG have now been funded with state general funds, assuring sustainability beyond the grant period which has ended. The grant period ends in September of 2008.

HEALTH, MENTAL HEALTH, MENTAL HEALTH REHABILITATION SERVICES & CASE MANAGEMENT

FY 2009 – Child/Youth

Families with children and youth who have a serious emotional disturbance often have co-occurring chronic medical problems. Therefore, it is important to enhance a collaborative network of primary health care providers within the total system of care. The Office of Mental Health continues to develop and implement initiatives that target the holistic needs of children, youth, and their families. In addition, Louisiana's extensive system of public general hospitals provides medical care for many of the state's indigents, most of whom have historically had no primary physician.

Community-based mental health services are historically provided through an organized network of 43 Clinics and Centers and 26 Outreach sites. These facilities provide an array of services including, but not limited to, screening and assessment, emergency crisis care, individual evaluation and treatment, medication administration and management, and clinical casework services.

The addition of social service block grant funds received following the 2005 hurricane season allowed for greater emphasis on child and adolescent services which resulted in the expansion of contract services throughout the state in association with the CMHC's; school-based mental health services, juvenile diversion programs, expanded crisis services, after school programs, mentoring programs and wraparound programs were instituted across the state.

The CMHCs serve as the single point of entry for child and adolescent state psychiatric hospital inpatient services. The CMHCs generally operate from 8:00 A.M. to 4:30 P.M., five days a week. The inpatient options for children and adolescents include New Orleans Adolescent Hospital, Southeast Louisiana Hospital *(including the Developmental Neuropsychiatric Program)*, and Central Louisiana State Hospital.

Crisis services for children and youth are provided twenty-four hours a day, seven days a week. These crisis services are referred to as the CART (Child and Adolescent Response Team) Program in all Regions/LGEs with the exception of Florida Parishes Human Service Authority where they are called Children's Crisis Services and Jefferson Parishes Human Service Authority where they are called the Children's Mobile Crisis Response Team. These crisis services are available to all children and their families, not just those eligible for mental health clinics and psychiatric hospitals. Services include telephone access at all times with additional crisis services and referrals, face-to-face screening and assessment, crisis respite in some areas, and access to inpatient care. The infusion of Social Service Block Grant funds allowed for the expansion of respite care, crisis transportation, in-home crisis stabilization, and family preservation at various locations across the state.

CART services consist of CART Crisis System Screenings (100%); CART Clients Receiving Face to Face Assessments (75%); Clients staffed for Additional Services (e.g., in home, out of home, intensive respite) (25%); and Hospitalized (10%). In the preceding fiscal year, statewide implementation indicates that there were 4,926 (100%) crisis system screenings, and 2,272 (46%) resulted in face-to-face assessments, and only 140 (3%) resulted in the child or youth's psychiatric hospitalization.

After the maximum seven day period of CART crisis stabilization, youth and their families may still require further in-home intensive services. Intensive in-home services may be provided by Assertive Community Treatment (ACT) and Family Preservation. Additional services available including psychological evaluations, after-school mentoring, CART staff for rural areas, and high acuity respite care.

Through a memorandum of agreement with the state's Medicaid Office, the Louisiana Office of Mental Health (OMH) manages the State's Mental Health Rehabilitation (MHR) program option. The program provides intensive and comprehensive outpatient mental health and rehabilitation services *(see MHR Services section below).* The Mental Health Rehabilitation program provides services in the community to children and youth with emotional and behavioral. The activities provided by OMH include prior authorization of services, monitoring and enrollment of providers, and training of providers. On August 1, 2005, the Mental Health Rehabilitation program initiated a fee for service payment system, and began the process of moving toward a Service Center Model for managing the program, including its provider network.

The services available under the updated system include the following:

- Assessment, Community Support, Group Psychosocial Skills Training, Individual Counseling, Family Counseling, Group Counseling, Medication Management, and Parent Family Intervention-Intensive (PFI(I). PFI(I) provides intensive home-based services to assist in maintaining children at risk of out of home placement in their homes, and is provided by a team including licensed professionals and paraprofessionals.

All authorized providers in the network have been accredited by JCAHO, CARF, or COA as of March 31, 2006. Ongoing training by the MHR Provider Training unit continues, providing updated information on conducting assessments, performing LOCUS and CALOCUS screenings, and other technical issues. Regular face to face meetings with members of the provider network are held statewide. Physician/Psychiatrist review has been added to the functions within the Prior Authorization Unit, and an extensive and thorough redesign and enhancement to the administrative structure and operations of all aspects of the program is fully underway with the assistance of the National Council of Community Behavioral Healthcare.

The table below shows pertinent facts about the utilization of the MHR program.

Number Receiving Mental Health Rehabilitation Services

	FY 02-03	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07-08
Children: Medicaid Funded	3,676	3,961	5,080	4,886	4,201	4,539
Adults: Medicaid Funded	2,412	2,265	2,506	2,379	1,605	1,459
TOTAL	6,088	6,226	7,586	7,265	5,806	5,998

Mental Health Rehabilitation Budget Figures

	FY 02-03	FY 03-04	FY 04-05*	FY 05-06	FY 06-07	FY 07-08
Medicaid Payments to public and private providers	$38,890,461	$49,053,440	$59,341,261	$27,874,936	Not Available	$30,977,478
Medicaid to OMH for Administrative Case Management	$724,022	$380,956	$829,288	$1,509,961*	$1,053,719	Not Available

NOTE: Based on amount that has been released for payment at end of Fiscal Year
* Includes PA, Pelican Project Monitors, and Medical Review

Mental Health Rehabilitation Providers

	FY 02-03	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07-08
Medicaid Mental Health Rehabilitation Agencies Active During FY	110	128	124	114	76	61

EMPLOYMENT SERVICES
FY 2009 – Child/Youth

In June 2007, the Louisiana Commission on the Employment of Mental Health Consumers sunsetted after submitting its final report and recommendations to the legislature. The Commission was originally created in the 2004 legislative session in response to several state and federal initiatives including the *President's New Freedom Commission Report* and Louisiana Office of Mental Health's Project Legacy. It was created to explore barriers to the employment of individuals with psychiatric disabilities and solutions to those barriers. In its final report to the legislature, several recommendations were made regarding transition and employment services for students with mental illness. These same transition and employment services have been a focus of other OMH initiatives such as the Louisiana Plan for Access to Mental Health Care. This group convened a variety of stakeholders and collaborative partners to work on implementation of various goals related to the service spectrum for individuals with mental illness.

Through the Mental Health Rehabilitation (MHR) program, case management, and ACT-type programs, referrals are routinely made to assist youth and families of children to secure and maintain employment. Additionally, every Region / LGE has access to consumer care resources (flex-funds) that are frequently used to assist youth and family members in finding and maintaining employment.

In the Metropolitan Human Services District (MHSD), the Workforce Investment Board Youth Council is sponsored by the Office of the Mayor of New Orleans. This group develops services for the city's youth to prepare, enter, and succeed in the world of work; training and support are provided to youth and employers. The Metropolitan Human Services District has contracts and programs that assist adults, young adults, and families in their efforts to enter the job market and to stay employed. Referrals originate from many sources, including: community mental health centers, mental health rehabilitation programs, and case management agencies. Additionally, the Interagency Services Coordination Program (ISC) for children, the Inter-Disciplinary Staffings (IDS) for adults, and Act 378 programs also assist the SMI/EBD ill in securing and maintaining employment.

Act 378 funds for adults are limited to those who have been hospitalized for at least 18 months and are ready for discharge. These funds can be used in any manner to assist the individual in remaining in the community. Should they need any type of job training or assistance in obtaining a job, or a job coach, these funds can cover those costs.

Act 378 funds are used on the child / adolescent side to assist families in emergency situations and to help with transportation that allows family members to find and maintain jobs. Additionally, MHSD participates in the Early Childhood Supports and Services Program (ECSS) and Louisiana Youth Enhancement Services (LaYES). Through these consortia, links are made to a variety of resources, including employment assistance, emergency funds, respite services, and other services that enable youth and families to access jobs. Adolescents in school-based health centers have access to MHSD social workers who assist students with job-related skills, such as social skills, safety practices in the work place, and a broad range of issues related to behavioral, emotional, and mental health that are fundamental to adolescent development and readiness to work skills. These issues are of particular importance at high schools that focus on vocational/technical training.

MHSD is a Work Experience (WE) Program site for JOB 1, a program of Goodwill Industries of Southeastern Louisiana, Inc. and part of the Mayor of New Orleans' Economic Development Team.

WE provides on-the-job training for persons with limited or no previous work experience in an effort to help them develop basic work readiness skills, as a part of their effort to find permanent employment.

The Capital Area Human Services District (CAHSD) partners with Instructional Resource Centers and Transition Core Teams in local school systems to provide services to youth, especially as they transition from educational to vocational systems. Through efforts including planning meetings, transition fairs, interagency service coordination and family support coordination, CAHSD provides services for transition-aged clients with developmental disabilities, mental health disorders, and/or addictive disorders. Individuals that become clients of CAHSD mental health services are eligible for services from the La HIRE program that provides team building and intensive employment support. Services include case management, job finding, and other supportive services necessary to help consumers find and maintain employment. Louisiana Rehabilitation Services serves ages 16-21 with Job Placement Services. The Transitional Core Team serves ages 16-21 with the Job Fair and Placement Services. LSU Youth Employment serves ages 16-21 with on campus employment.

Region III serves ages 16-19 through Career Solutions and to serve youth who are looking for job placement and career enchantment.

Region IV clinicians and / or ISC provide assistance for transportation and purchasing clothing and so forth for employment purposes using Consumer Care Funds as well as making referrals to LRS, JTPA, and Good Will Employment Services when appropriate. Louisiana Rehabilitation Services assist individuals with disabilities to obtain job training or education. The National Guard Youth Challenge Program (ages 16 - 18) assist high school dropouts to obtain job training and GED through boot camp type program. The Lafayette Parish School System / Options Program assist high school students to obtain a certificate in a vocation when a high school diploma is not obtained.

Region V clinicians refer clients interested in employment to the Leadership Center. The Teen Leadership Counsel is a 7 week program with goals of building leadership skills, developing resumes, improving interview skills, and to receive assistance with filling out applications, and other assistance with employment. This is primarily a respite program. Referrals are also made to the Work Force Investment (formerly JTPA). Louisiana Rehabilitation Services (LRS) has a transitional age program however the individual must be 17 years of age and no longer enrolled in the regular education system to access services.

Calcasieu Parish School Board has an OPTIONS program, called OPTION 3, which targets at-risk students. Students are eligible for services as long as they are at least age 16 prior to the end of the school year. The OPTION 3 program has 2 components - a GED track or a vocational track. With the vocational track, a student may be placed in employment status with a job coach.

In Region VII, the ISC has worked with transitional age youth through linkage with LRS and providing assistance for transportation and purchasing of clothing etc. for employment. The Region VII Service Center has a program in most parishes aimed at assisting transitional youth with school to community/employment goals. Goodwill Industries has two contracted service programs for transitional youth (ages 16-24). The program is called CROSSROADS and is contracted through Caddo Office of Youth Development and Caddo Juvenile Court. These programs assist transitional age youth with transition from corrections to community/work placements. The City of Shreveport has four contract providers that provide employment services to transitional age youth. Titled the CAREER VISION program, job training and supportive employment services are offered to

adolescents 18-21 who have dropped out of school. The Lighthouse Program offers job readiness and work experience assistance to transitional age children and youth, ages 14 and above. The Soldiers of Compassion offers a program designed to develop "job readiness." The ISC can secure some costs for items such as uniforms as well as clothing for work and school.

In Florida Parishes Human Services Authority, the agency is a member of the individual school board's transitional committees which plan fairs and other activities to educate the students and families on resources for employment. Louisiana Rehabilitative Services participates in the ICS process as well as in the IEP process for youth preparing for employment. St. Tammany Parish School Board provides an Option 3 program which includes vocational training for individuals in a non-diploma track.

In Jefferson Parish Human Services Authority (JPHSA), the Jefferson Parish Interagency Transition Brokerage, that includes representatives from OCDD, Families Helping Families, Jefferson Parish Schools, Transitional Age Mental Health Coordinator and Vocational Rehabilitation, targets students with labels of emotional disturbance or behavioral disorder to receive services. This involves the JPHSA Supported Employment Coordinator and the Transition Coordinator for the school system attending the individual transition team meetings for these students to determine what needs they may have in transitioning from school to work and linking the student to services through the interagency brokerage meetings. Other issues beside employment are addressed as these needs arise. JPHSA also has a program using Multi-Systemic Therapy (MST) which tracks work/school as an essential outcome by monthly phone calls to the parents asking if their child is in school and/or employed. This outcome is also tracked for the youth at 3, 6, 12, and 18 month follow-up. JPHSA also serves youth ages 14 - 18 through the Adolescent Job Shadowing/Apprentice Program which enhances job readiness by exposing them to the work force and offering the opportunity to work with a mentor.

HOUSING SERVICES
FY 2009 – Child/Youth

While there are by some measures a limited number of available alternative housing resources for children and adolescents with an emotional or behavioral disorder, the philosophy of the Office of Mental Health has been to preserve the family system in their natural setting while delivering appropriate and effective mental health services. In keeping with that philosophy, the housing efforts of the Office have been directed toward resources that will impact families rather than separating children into segregated housing. Overall, the movement in housing nationally has been away from segregated congregate living and toward permanent supportive housing which provides supportive services to individuals and families in the housing of their choice. While Louisiana has traditionally supported the congregate housing model, this direction is in the process of change toward the permanent supportive housing model.

The housing development efforts for the homeless carried out by the Region and LGE Housing Coordinators have been largely through their involvement with the local continuums of care for the homeless also known as Homeless Coalitions. These coalitions develop a variety of housing programs that can be both transitional and permanent in length of stay. The type of programs they develop is determined by the assessment of local needs; this assessment is performed locally through the coalitions. The programs developed can serve both individual adults as well as families, many of which will have children and youth with an emotional or behavioral disorder. Families experiencing homelessness often have a multiplicity of events impacting their lives. There are programs that are

directed specifically toward homeless youth and transitional age individuals. Programs that target the prevention of family homelessness will also benefit children and youth with an emotional or behavioral disorder.

Mental Health Rehabilitation (MHR), ACT, and case management are very involved in assisting families with opportunities to secure and maintain adequate housing. OMH has a strong commitment to keeping families together and consequently has previously withstood pressure to fund large residential treatment centers. Instead, effort and dollars have been put into Family Support Services throughout the state. The state chapter of the Federation of Families has developed both respite and mentoring models which are used extensively by Louisiana families. The Consumer Care Resources provide highly individualized services that assist families in their housing needs. The State also has numerous HUD housing programs, many of which serve families with children and youth.

In an effort to support families who have children with EBD in the home, the services of CART (Child and Adolescent Response Team) are available. CART is a child-centered, family-focused, strengths based model that engages families as partners to resolve a crisis in the family with community based treatment and access to resources in the community. Once CART's intervention is complete (lasting no longer than seven days); the family has an understanding of what caused the original crisis, stabilization of the situation, and how to prevent any future crises. If further family stabilization services are needed, the family is referred to an agency for a longer period of intense in-home services.

In the event that a child or youth requires alternative living arrangements, the State contracts with numerous group homes for children and adolescents as well as Emergency Shelters. There are also transitional living programs that will accept emancipated seventeen-year-olds. Various contractual programs include therapeutic foster care arrangements with the Office of Community Services (OCS) and the Office of Youth Development (OYD) to serve OMH clients, respite care for hospital diversion, as well as recreational and psychological respite.

Although recovery efforts are underway, the state is still struggling to replace housing resources for people with disabilities lost in Hurricanes Katrina and Rita. The disasters displaced unprecedented numbers of people with disabilities and caused physical and economic devastation. This devastation exacerbated an already critical shortage of affordable housing for people with disabilities. OMH, in partnership with other offices in DHH and advocates for people with disabilities and people who are homeless, has been actively pursuing the inclusion of people with disabilities in all affordable housing development. The efforts resulted in a Permanent Supportive Housing (PSH) Initiative which successfully gained a set aside of 5% of all units developed with Low Income Housing Tax Credits, as well as other affordable housing development avenues, to go to low income people with special needs. Recently Congress appropriated funds for 3,000 rental subsidies that are dedicated to the PSH program. This will enable the initiative to serve all of the 3,000 households that have pledged to serve. Included in the population targeted in this effort are households with a member who has a disability and youth aging out of foster care. The use of the term "households" opens the eligibility to families with a child that has a significant disability. Persons who are homeless are also part of the target population and have a set aside of a minimum of 1/3 of the 3,000 units developed. As a result, homeless, disabled youth are prominently represented in the group of potential recipients of this initiative. The Permanent Supportive Housing to be developed through this initiative is a best practice in housing. As such, it is consistent with Goal 5 of the *President's New Freedom Commission Report*. Since it offers housing of the consumer's choice rather than in a defined or

congregate residential setting, it is consistent with Goal 2 of the *New Freedom Commission Report* both in its influence on the development of housing that is affordable and adequate but also in that it offers the greatest amount of consumer choice. These features are also consistent with the goals of the DHH Real Choice System Transformation grant as well as the emerging mental health system transformation plans.

Housing services are also discussed in the Homeless Outreach section of this application.

EDUCATIONAL SERVICES
FY 2009 – Child/Youth

Please refer to Criterion 3: Children's Services, Educational Services, including services provided under IDEA for additional information.

SERVICES FOR PERSONS WITH CO-OCCURRING DISORDERS (SUBSTANCE ABUSE / MENTAL HEALTH) AND OTHER SUBSTANCE ABUSE SERVICES

FY 2009 – Child/Youth

OMH has continued over the years to partner with the Office of Addictive Disorders for implementation of the Louisiana Integrated Treatment Model (LITS). The initiative as funded through the SAMHSA supported Co-occurring State Incentive Grants was in its conception designed to target the adult population with co-occurring mental health and substance use disorders. However, the Behavioral Health Taskforce had later identified co-occurring disorders in children and youth as a long-term priority. The integrated treatment model adopted by the Taskforce takes a system-level or program organization approach and most activities are targeted to infrastructure development that applies to both adult and child/youth service systems.

The infrastructure issues that impact adult and child/youth services being addressed include funding, licensure, screening and assessment processes, formularies, information sharing, and staff credentialing. At the service delivery level, staff members who serve children and youth were included in the two statewide training initiatives.

The Louisiana Integrated Treatment Services (LITS) model is organized around nine Core Principles *(please refer to the Adult Section on Services for Persons with Co-Occurring Disorders [Substance Abuse / Mental Health] and Other Substance Abuse Services)* and includes ten service domains which are provided throughout four Treatment and Recovery Phases. Conceptually, the locus of care is determined through a severity grid; however a person will receive integrated treatment regardless of whether they present at OMH or OAD. In 2004, Louisiana was chosen by SAMHSA as one of 10 states to participate in the first National Policy Academy on Co-Occurring Mental and Substance Abuse Disorders. At the Academy, the Louisiana Team used the current LITS grant as a foundation, but broadened the scope of work to include children and youth, as well as partnerships with primary care. The outcome of the Academy was the draft of an action plan that has been used to help guide the initiative. Included in the action plan is the expectation that Louisiana citizens will be provided with an integrated system of healthcare that encompasses all people, including individuals with co-occurring mental and addictive disorders *regardless of age,* who will easily access the full range of services, in order to promote and support their sustained resilience and recovery.

Implementation of services for children and youth with co-occurring disorders include:

- Establishment of a workgroup to develop long-range plans for serving children with co-occurring disorders.
- Screening of children of parents who are seen in a co-occurring program to be implemented with a New Orleans' Drug Court Program (pilot program).
- Screening of parents seen in the Early Childhood Services and Supports Program for co-occurring disorders.

The following is a list of relevant updates (2007 and 2008) to COSIG:

- Most recently, each of the 10 local Regions/Districts utilized the data derived from their 2006 DDCAT/DDCMHT assessments and developed a local strategic plan for increasing COD capabilities in their respective areas. With technical assistance from the COSIG evaluation team and Dr. Mark McGovern, each area formulated a COD plan and began implementation July 1, 2007. During FY 07/08, the COSIG provided monies to each local area for implementation assistance, i.e. EBP workshops, consultation for program and policy development, COD educational material, etc. In July 2008, follow-up DDCAT/DDCMHT assessments will be conducted in order to evaluate implementation progress.
- Continuation of Behavioral Healthcare Taskforce and adoption of an Integrated Model of treatment. The goal of LITS (LA Integrated Treatment Services) is to develop a Co-occurring Disorders Capable (CODC) System in which all mental health and substance abuse programs should be expected to be capable of appropriately recognizing and dealing with persons with co-occurring disorders.
- A measurable basic standard of care which can be implemented within the context of existing program requirements with additional technical assistance and training support, but without significant additional clinical operational cost, and can be reliably assessed through routine program audit, such as would occur during licensure review.
- The development and implementation of five COSIG committee work groups: Curriculum Committee, Program Evaluation Committee, Funding Committee, Information Management Committee, and Clinical Protocol Committee

Services for children and youth with co-occurring disorders originating at the Region / LGE level include the following:

- MHSD has integrated addictive disorder services within a few School-Based Health Centers in New Orleans' high schools. MHSD's Plaquemine Parish Behavioral Health Clinic, which was solely an addictive disorders clinic prior to Hurricane Katrina, now provides integrated/co-occurring addictive disorders and mental health services for both adults and youth.
- CAHSD has social workers who work in the Children's Behavioral Health Services Division that specialize in substance abuse and co-occurring disorders.
- Region III increased co-occurring disorder capability by revising policy and procedures for intake, screenings and assessment, and discharge planning
- Region IV was supposed to negotiate with two detention centers in two parishes to provide treatment for mental health and co-occurring disorders for adolescents in these facilities.
- In Region V, OMH children and youth with co-occurring disorders are routinely presented during the monthly ITTS (Integrated Treatment Team Staffings) with OAD. Region V has purchased the Hazelden Co-Occurring Curriculum for children. In November 2006, Child/Youth clinicians at LCMHC began a youth co-occurring educational group (eight to ten adolescents); utilizing the Hazelden co-occurring curriculum. Once an adolescent completes the educational group, he or she will graduate to a process group. Parents are included in the treatment process. The Region has developed and is piloting a new Child/Youth progress note that will be beneficial in documenting stage of change with substance abuse. The Children's Program Coordinator serves on the Drug Court Board and attends weekly staffings of children and youth, since data shows that 50% of children and youth in Drug Court have co-occurring disorders. Schools in Calcasieu Parish have a staff(s) person that is a Licensed Addiction Counselor who works with students identified as having substance abuse/ co-occurring disorders, or who have parents who abuse substances. In Beauregard Parish, the OAD outreach

clinic has an adolescent group that meets weekly. An integrated treatment model for co-occurring youths is used in the group, when appropriate. In Allen Parish, the District Attorney's office refers teens to Allen OAD Outreach for a program that is geared towards youth who have had legal problems and have abused substances. The program operates under a board of directors set up through the D.A.'s office.

- In Region VI, children and youth services include treatments that are geared towards substance abuse issues. However, if the child or youth does not have an EBD diagnosis, staff members communicate with OAD for referrals.
- Region VII is conducting joint staffings and cross-trainings
- Region VIII has monthly joint mental health/ substance abuse staffings; therefore, if any youth are on both caseloads, collaboration will take place. SSBG also funds a suicide screening program in schools that is likely to pick up co-occurring disorders.
- FPHSD has a great deal of focus on joint Quality Assurance procedures between AD, MH & OCDD
- JPHSA has trainings and implementation of EBPs, including CBT & MET
- Regions and LGE's conduct monthly steering committee meetings and are currently in the process of implementing strategic plans in addressing the increase of their COD capabilities which effect adults and children and youth.

The Louisiana Department of Health and Hospitals and the American College of Obstetricians and Gynecologists – Louisiana Section has a relatively new program designed to address poor birth outcomes in Louisiana. The Screening, Brief Intervention, Referral, and Treatment (SBIRT) program hopes to reduce the use of alcohol, tobacco and illicit drug use during pregnancy. The program also screens and provides appropriate referral for domestic violence and depression in pregnancy.

In addition to DHH and the American College of Obstetricians and Gynecologists, other project collaborators include DHH's Maternal and Child Health Program, DHH's Office for Addictive Disorders, DHH's Office of Mental Health, the March of Dimes and the Louisiana Public Health Institute.

The Office of Addictive Disorders (OAD) offers treatment services through fifteen inpatient/residential facilities; five social detoxification, two medical detoxification, and four medically supported facilities; seventeen community-based facilities (halfway and three-quarter houses); and sixty-eight outpatient clinics. In some parts of the state OMH and OAD jointly deliver services, but parallel or sequential treatment is still the usual occurrence.

The following are treatment facilities that specifically serve youth:

INPATIENT CAPACITY:

- The Springs of Recovery Inpatient Treatment Center provides a total of 54 adolescent (38 male and 16 female) residential inpatient treatment beds, 30 intensive treatment and 8 transitional beds for adolescent males, 16 intensive treatment adolescent beds for females. Forty-seven of the beds are Federal Block Grant funded and seven are funded by OAD's Access to Recovery Grant. Clients who complete the 45-60 day intensive treatment program may continue in the transitional program for 45 days to six months.

- The Inpatient Treatment - Gateway Adolescent Treatment Center - Cenla Chemical Dependency Council, Inc. provides 26 beds for adolescents aged 12-17 (20 male and 6 female) funded by Federal Block Grant with inpatient chemical dependency treatment program. Correct
- The Cavanaugh Center in Bossier City is an inpatient, licensed, 24 bed (allocated to males and females as needed) adolescent primary treatment unit. All beds are Federal Block Grant funded. The facility provides structured, supervised, adolescent (ages 12-17) inpatient treatment. Cavanaugh Center's halfway house provides 20 beds funded by FBG (allocated to males and females as needed).

OUTPATIENT PROGRAMS

Region/District	Intensive Outpatient Programs (#)	Outpatient Programs (#)
MHSD	1 (contract)	1
CAHSD	2 (1 pending)	2
Region 3	1 (contract)	3
Region 4	1 (1 in-house)	4
Region 5	1 (contract)	3
Region 6	1 (contract)	6
Region 7	1 (contract)	3
Region 8	2 (2 in-house)	2
FPADC	1 (pending contract)	5
JPHSA	1 Inactive (contract)	2

Other services provided to youth with substance abuse include:

In CAHSD, there are twenty-two substance abuse prevention contracts that include services for adolescents.

OAD's Access to Recovery (ATR) electronic voucher program provided clients with freedom of choice for clinical treatment services and recovery support. Louisiana's ATR funds served all eligible citizens with special emphasis upon women, women with dependent children and adolescents.

The following projects serve pregnant women and women with dependent children ages 0-12:

- CENLA Chemical Dependency Council, Halfway House Services to Women and their Dependent Children
- Louisiana Health and Rehabilitation Options, Residential Treatment to Women with Dependent Children
- Odyssey House of Louisiana, Inc. - High Risk Pregnancy - The Family Center, Residential Treatment to Women and their Dependent Children as well as Pregnant Women
- Grace House of New Orleans, Residential and Halfway House
- Family House in Jefferson Parish
- Family Success Institute in Region VII, Shreveport
- Claire House in Morgan City - St. Mary Parish

MEDICAL AND DENTAL HEALTH SERVICES
FY 2009 – Child/Youth

The Office of Mental Health attempts to offer comprehensive array of medical, psychiatric, and dental services to its clients. As noted in the *President's New Freedom Commission Report* Goal #1, mental health is essential to overall health, and as such, a holistic approach to treating the individual is critical in a recovery and resiliency environment.

Acute inpatient units are provided primarily in Louisiana Health Sciences Center-Health Care Services Division (LSUHSC-HCSD) and LSU-Shreveport public general hospitals. The location of these units within or in the vicinity of general medical hospitals allows clients access to complete medical services. Intermediate care hospitals all have medical clinics and access to x-ray, laboratory and other medically needed services. Outpatient clients are encouraged to obtain primary care providers for their medical care. Those who do not have the resources to obtain a private provider are referred to the LSU system outpatient clinics. Adults who are clients of state operated mental health clinics or Medicaid funded Mental Health rehab services also benefit from a health screening with a referral as needed.

Proper dental care is increasingly demonstrated to have an important role in both physical and mental health. Dental services are provided at intermediate care hospitals by staff or consulting dentists. Referrals for oral surgery may be made to the LSU operated oral surgery clinics. Some examples of low or no-cost dental services/resources available to OMH outpatient consumers include the Louisiana Donated Dental Services program, the David Raines Medical Clinic in Shreveport, the LSU School of Dentistry, the Lafayette free clinic, and the Louisiana Dental Association

The LSU School of Dentistry (LSUSD) located in New Orleans sustained severe damage from flooding from Hurricane Katrina, but reopened in 2007. LSUSD serves primarily residents from the New Orleans area, and once operational again, will at least partially fill this gap in dental services for children. Earl K. Long Hospital in Baton Rouge has provided routine dental care, and the LSUSD has opened satellite clinics in various areas to meet service needs.

The LSU operated hospitals have always struggled to meet the needs of all citizens of Louisiana, but even more so since the storms of 2005. In the 2007 legislative session, funding was earmarked for the rebuilding of a large teaching hospital in New Orleans. Furthermore, legislation was passed to encourage the development of "medical homes"-- entities that would serve the primary care needs of Louisiana citizens and ensure proper referral to specialty services. Further legislation resulted in the development of a Quality Forum that will plan, promote, and conduct quality improvement initiatives within the state for health care.

Even since the disasters of 2005, Regions and LGEs not directly impacted by the hurricanes continue to report an increased demand for medical and dental services due to the influx of evacuees into their areas. Although it has eased to some degree, Emergency Department waiting times often times remain high.

As of June 2008, the state of Louisiana provided public health coverage through Medicaid or LaCHIP for 1,030,397 people in Louisiana. This included 648,850 children and young adults (people under age 19). As of June 2008, 122,472 children are enrolled in LaCHIP. An additional 211,107 children have gained coverage through regular Medicaid programs since the LaCHIP outreach effort began in

late 1998. Thus, a net additional 333,579 Louisiana children now have health care insurance coverage than compared to before LaCHIP.

LaCHIP is Louisiana's version of the national Children's Health Insurance Program (CHIP), authorized under Title XXI of the Social Security Act. CHIP enables states to implement their own health insurance programs with a mix of federal and state funding. LaCHIP is a health insurance program designed to bring quality health care to currently uninsured children and youth up to the age of 19 in Louisiana. Children can qualify for coverage under LaCHIP using higher income standards. LaCHIP provides Medicaid coverage for doctor visits for primary care as well as preventive and emergency care, immunizations, prescription medications, hospitalization, home health care and many other health services. LaCHIP provides health care coverage for the children of Louisiana's working families with moderate and low incomes. Children must be under age 19 and not covered by health insurance. Family income cannot be more than 250 percent of the federal poverty level (about $4,417 monthly for a family of four). Children enrolled in LaCHIP will maintain their eligibility for 12 continuous months no matter how much their family's income increases during this period. This is being done to ensure children receive initial and follow-up care. A renewal of coverage is done after each 12 month period. The Office of Mental Health is responsible for the provision of mental health services through LaCHIP.

Mental Health Rehabilitation (MHR) providers must assure through their assessment and service plan process that the whole health needs of the children and youth that they serve are being addressed in order to get OMH authorization for the delivery of services through this Medicaid/OMH managed program.

LaYES Children's Initiative SAMHSA Grant pays special attention to planning, developing and implementing a collaborative network of primary health care providers, including family physicians, pediatricians, and public health nurses.

SUPPORT SERVICES
FY 2009 – Child/Youth

Initially created in 2004 as the Office of Consumer Affairs, it was renamed and organized in 2006 under the auspices of, the Office of Client, Youth, and Family Affairs (OCYFA) in an effort to include and empower the voices and choices of children, youth, and their families. This was done in an effort to bring awareness to the broad scope of needs that cut across the mental health spectrum. Some of the tasks undertaken towards the increasing awareness of family voices, include; but are not limited to the following; training family members along with peers as Peer Support Specialists, in recognition that families require Peer Services similarly to peers. Increasing the presence of and ensuring that once vacant family liaison positions are now filled and that all family liaisons are included in the same training classes as peers. Finally, there is an increased effort to ensure that family voices are empowered and educated about services and supports available for both themselves and their children/families. Although, we are still in the initial phase of family involvement, it is the goal that more programs will become available for family members throughout the state as the recovery modalities are continuing to be implemented.

Support Services are broadly defined as services that are provided to consumers that enhance clinic-based services and aid in one's reintegration into society as a whole. Inherent to Louisiana's public

mental health system is well grounded in the principle that children, youth, and families impacted by an emotional or behavioral disturbance (EBD) are resilient.

OMH has traditionally supported a variety of activities that aid children, youth, and their families. These activities include both indirect and direct support such as providing financial and technical support to consumer and family organizations as well as their local chapters throughout the state. There are self-help educational programs and support groups that are organized and run by family members on an ongoing basis. These concepts are integral to Goal 2 of the *President's New Freedom Commission* which advocates for services to be consumer and family driven in terms of leadership and outreach.

OMH continues to hire parents of EBD children as family liaisons. These individuals assist other family members in accessing services as well as providing general education, advocacy and supportive activities. Among resources currently available to consumers and families within the public mental health system include flexible funds that can be utilized to address barriers to care and recovery. There are also services available to assist youth and families of children to secure and maintain employment via such means as consumer care resources (flex-funds). Consumer Care Resources can also be used to pay for utility bills, clothing, food, unanticipated expenditures (e.g., car repairs) and so forth.

OMH places a priority on family support and services that keep children and youth in their natural or foster home setting. In addition to supports and services discussed in the previous sections on employment, housing, and rehabilitation services, parents of children and youth with an emotional or behavioral disturbance are also supported through three state-wide organizations providing assistance to families: Federation of Families, Families Helping Families, and NAMI-LA. The Federation of Families' parent mentoring program, developed and operated through a contract with OMH, links parents who have experience with working with their own emotionally or behaviorally disturbed child to other similar parents with support and advocacy activities. These early intervention services are inherent to Goal 4 of the *President's New Freedom Commission Report* which specifically advocates for services for children and ultimately their families before a crisis stage is reached.

Throughout the state, there are respite services *(planned and emergency)* that are provided inside and outside of the home as well as summer camp programs. There is also the ACT program, which is in-home, intensive therapy conducted by a multidisciplinary team. Case management supports a comprehensive treatment plan for coordinating care, assuring continuity of care, and connecting families with other community services.

The following are specific examples of support services that also are linked closely with Goal 4 of the *President's New Freedom Commission Report*:

In MHSD, HARP provides for counseling, discharge planning, case coordination, referrals to community resources, and follow-up services. School-Based Health Centers offer assessment, treatment via individual and group settings, professional referrals, targeted groups (i.e., anger management, social skills, etc.), and addiction counseling and prevention. MHSD is also establishing psychiatric and psychological services as well as case management. Through contracts, the Children's Bureau offers family preservation and grief and trauma groups in schools; Brookhaven offers therapeutic respite/personal care attendant services; LHRO offers recreational respite; and Divine Concepts offers homeless case management.

In CAHSD, there is an ACT program; in-home, intensive therapy by a multi-disciplinary team; respite; crisis services; intensive behavior management services; consumer care resources; flexible funds to enhance family functioning; family preservation; and in-home family intervention services.

Region 3 offers FINS, a pre-delinquency intervention program that provides interagency social work services to assist families in identifying risk factors in lieu of court adjudication; its goal is to halt problematic behaviors; LA Federation of Families - Family Mentoring Services; CART Crisis Intervention Services; ACT; and therapeutic respite.

In Region 4, there is mental health rehabilitation which provides intensive therapeutic and case management services including medication management; consumer care emergency funds for youth's basic or special needs, to enhance their recovery or prevent decompensation; STARS is a school based therapy and resource service provider; and Extra Mile who provides therapy services for adoptive/foster children.

In Region V, the Educational and Treatment Council, Inc. provides crisis intervention services to children, youth, and their families in crisis to prevent or reduce the need for hospitalization. These services include after-hours crisis systems coordination, face-to-face screenings, in-home crisis stabilization services, and out-of-home crisis respite services. Education and Treatment Council, Inc. provides services for children and adolescents, using a team approach (family, doctor, therapist, and outreach worker) with OMH via five clinics. The focus is to provide more intensive treatment services in the home, school, and community, which should reduce the need for hospitalization; provide supports; and ease the re-entry of hospitalized children/adolescents into their home community. In addition, Volunteers of America provides a wide range of instructional and intervention services to assist EBD children/youth and their families in obtaining the supports necessary to achieve, maintain, or improve home/community based living situations. A Help-Point Coordinator facilitates the Interagency Service Coordination (ISC) process, teaches parenting classes based on the Boys Town Common Sense Parenting model, and keeps track of wraparound services funded with the use of Consumer Care Resources. Consumer Care Resources provide wraparound services as needed. Respite Services provides family support in the form of planned respite and out-of-home crisis respite services; transportation for respite services is provided; summer day camps; and various recreational outings. OMH has contracts with the Sisters of Emmanuel, Inc. to provide school-based mental health services for students at several schools in Calcasieu Parish. Services may include crisis counseling, individual and/or group therapy, family therapy, and training/consultation with teachers and/or administrators. Moss Regional Hospital performs all needed lab work for those LCMHC clients who cannot financially afford private laboratories. Draw Station or Moss Regional provides lab work for the Allen and Beauregard MH clinics.

In Region VI, there is the Child Consumer Care Resource Program that provides monetary assistance for addressing unmet needs of EBD children and youth. The funds are used for purchase of goods or services such as, but not limited to: tutoring services, transportation assistance, household supplies.

The Family Support Program is for families who have children and youth with an EBD. Its purpose is to promote the nurturing abilities of families; to help them utilize existing resources; and to assist them in creating or taking part in family network of support.

Planned Respite Services provide temporary relief for families or caregivers of EBD youth. It is facility-based and offers respite on certain days at certain periods of time.

The "Whatever It Takes" program is designed to assist children and their families is obtaining the necessary supports to achieve, maintain, or improve home/community based living situation. Services are mobile and are delivered in the most appropriate, naturalistic environment and during non-traditional office hours.

The FINS Program is designed to identify child and family risk factors and to refer to the appropriate services.

Region VII offers numerous adjunctive services via contracts. There are home- based interventions designed as wraparound services to supplement clinic-based services - individualized with the consumer/family and clinician. It can also include individual, group, and family interventions as well as case management services. There is crisis stabilization in an inpatient psychiatric setting. Planned, unplanned (crisis), or camp services are available as well as ACT, which is intensive, comprehensive, multi-disciplinary, mobile, community-based services that are not available in the traditional outpatient setting. ACT services promote the following: services are provided in the community, at the home, school, or wherever the individual may be; a multi-disciplinary treatment team that includes the consumer driving the treatment; an emphasis is placed on strengths; all life domains are addressed; the services are responsive to the client/family's full range of needs as they change over time (flexible/comprehensive); continuity of care; and support from the treatment team is ongoing and unlimited in duration, and can be accessed 24 hours a day, 7 days a week.
Consumer Care Resources enhances access to needed supports, services, or goods to achieve, maintain, or improve individual/family community living status and level of functioning in order to continue living in the community. Examples include financial assistance with rent/utility bills or purchase of school uniforms. It can also include extracurricular activities to improve the child/youth's self esteem.

Case management services are provided at six levels of intensity: Level 0: Prevention and Health Maintenance - Four (4) hours of contacts; Level 1: Recovery Maintenance and Health Management- Eight (8) hours of contacts; Level 2: Low Intensity Community Based Services - Ten (10) hours of contacts; Level 3: Moderate Intensity Community Based Services - Twelve (12) hours of contacts; Level 4: High Intensity Community Based Services - Fourteen (14) hours of contacts. Priority groups include youth who are at risk for placement in residential programs - referred to a local interagency team or for a client who's needs require multiple services with 24 hour availability; Level 5: Sixteen (16) hours of contacts. Priority groups include youth who are at risk for placement in residential programs - referred to local interagency team or for a client whose needs require multiple services with 24 hour availability.

Coordinated school-based services provide a range of in-school and in-home mental health services to students and their families identified and referred through the School Building Level Committee process at Sabine Parish School Board with the goals of 1) increasing capacity to serve regular education students within the context of community, school and home; 2) decreasing the number of students identified as disabled due to mental health concerns; 3) reducing the amount of instructional time lost by students due to out of school suspension and absences related to mental health concerns; and 4) increasing the degree of inter-agency service integration of programs and coordination of cases served by multiple agencies.

Individualized Deferred Disposition (IDD) – Diversion services for youth with/mental health issues

involved in the Juvenile Court in Caddo Parish.

TEAMS is designed for school-aged children which provides educational advocacy for youth with EBD and other special education needs.

In Region VIII, Families Helping Families offers information, resource lending of books, videos, and equipment to people with disabilities. They offer direct referrals to agencies and services important to families' specific needs. They also offer drop-in/call-in information and guidance by a trained parent/ professional.

Positive Forces Counseling Network is a community based counseling agency. They provide counseling to individuals, couples and families by appointment only. They also offer guidance, counseling, and assistance to "at-risk" children.

There is respite for families with a child or youth with an EBD as well as school programs for children who have difficulty staying on task at school and who experience academic and behavioral disorders in the school setting. Crisis services are available for children, youth, and their families who are in a crisis situation and require intensive care. There is summer respite day camp for children ages 6-13.

Families in Need of Services (FINS) is a pre-delinquency intervention that provides interagency social work services to assist families, often signing contracts for school and family progress in lieu of court adjudication. Its goal is to halt problematic behaviors. The FINS officer screens the referral, conducts a conference with the family and (with family participation), and develops an interagency service plan that offers assistance to the child and family. The FINS officer monitors the family's progress.

Children’s Coalition Teen Screen targets ages 6 - 18 to assess for the risk of suicide and to refer to the appropriate agency for intervention.

The Wellspring Counseling Program offers professional therapy for individuals, couples, and families experiencing a wide range of emotional complaints. Services are offered on an individual, family, marital, or group basis. They also offer more specific types of counseling, such as the counseling provided for victims of sexual assault and for those who have experienced other traumatic events. They offer a 24-hour crisis line staffed by trained crisis counselors.

In FPHSA, there is Crossroads, a short-term, in-home crisis intervention program; Pathways-Family Preservation Program provides several weeks of in-home family therapy and supportive services; ACT is intensive long-term supportive services for families with a child or youth with a severe EBD; Transportation Vouchers assists families with transportation expenses to mental health services; Consumer Care Resources provides assistance to families in financial crisis and with supportive services; Family Support Cash Subsidy is cash subsidy to assist families with a child or youth diagnosed with an EBD; and Interagency Service Coordination is a planning and service coordination process that provides multi-agency planning for youth who need multi-agency involvement in order to remain in the community setting.

JPHSA Children's Community Support offers parent support groups where parents can learn about programs and advocacy for their children with special needs; transportation services and a light lunch

are provided. The Children's Community Support has a van that is available for transportation to and from parent support group meetings as well as for transportation to the clinic if other means are not accessible. The Children's Community Support also manages Children's Flexible Funding and cash subsidy programs which exist to assist parents in providing community supports for their children's mental health disorders. Children's services have a contract with Gulf Coast Teaching Family Services for planned and recreational respite in order to assist youth who are at risk for out of home placement.

SERVICES PROVIDED UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT
FY 2009 – Child/Youth

NOTE: Please refer to Criterion 3: Children's Services, Educational Services, including services provided under IDEA for information on this topic.

TRANSITION OF YOUTH TO ADULT SERVICES
FY 2009 – Child/Youth

Summarized below are programs from each Hospital and Region / LGE in the state that facilitates the smooth transition of youth to adult services.

SELH:

- Developmental Neuropsychiatric Program (Inpatient Services) includes social skills training, family therapy, and behavior management, parent training, and medication management to persons with co-occurring disorders
- Developmental Neuropsychiatric Program (Outpatient Services) includes parent training, home/school behavior management, medication management to persons with co-occurring disorders
- Challenges Program – Day treatment which provides 8 hr. a day, 7 days a week therapeutic and educational intervention
- Youth services inpatient – 24 hr. a day, 7 days a week therapy, education, medication, and competency restoration

NOAH:

- Continuum of Care Policy – sets forth guidelines for orderly transition of youth to adult system of care
- ACT Team - ACT team focuses on complex and high risk adolescents and deals with transition issues via individualized treatment plan
- SSD#1 - Liaison with this specialized school district to offer special education to this transition population
- Transitional Program – step-down process from child/adolescent; unit to assist patients in transitioning from the inpatient unit to the community

ELMHS:

- Spring House - A group home/residential treatment program for teenage girls in the custody of the Office of Community Services

- Evolutions - A Day Treatment/Partial Hospitalization Program for school aged children in East Baton Rouge and surrounding parishes

CLSH:

- Adolescent Services (ACS) - Provides inpatient psychiatric care to13-17 year old male & female adolescents
- Adaptive Behavior Service (ABS) - Provides inpatient psychiatric care tochronic adults 18 and older.
- Structured Rehab Services (SRS) [Forensic] - Provides inpatient psychiatric care to forensic adults 18 and older
- Adolescent Rehabilitation and Training Services (ARTS) - Provides inpatient care to ages 13-17 (dual diagnosis and forensically involved male adolescents)

MHSD:

- The Orleans Parish Public School Exceptional Children's Services Transition Network and the St. Bernard Parish Interagency Transition Team function to assist in the transition of youth to adult services. Both groups' staff cases of youth transitioning out of the local school district special education program, and assist with entry to college, vocational training, or job placement.
- The IDS Process provides a smoother transition from child to adult services for youth already receiving multi-agency supports. A staff person serves as the Transitional Services Specialist, providing intensive case management for youth 18-22 years old.
- Youth-Assertive Community Treatment Team - Y-ACT provides intense community based services to youth who have repeated presentations to the NOAH-CIS and/or inpatient unit. Region 1/Southeast Louisiana Hospital (SELH) has a Developmental Neuropsychiatric Program Outpatient Services (DNP-OS) Clinic. This service provides a weekly transition group for dually diagnosed individuals.
- The Region One housing staff has worked creatively to develop housing solutions for transition-aged youth, examples of which are group home and foster care placements. The Community Based Restorative Justice Task Force is a collaboration of criminal justice reform groups around the state. The goal of this task force is to refocus the mission of the criminal justice system from punitive to rehabilitative with regard to both perpetrator and victim. The community is viewed as a partner in the restorative justice process. Of particular interest are transition-aged youth and youth with mental health issues.
- The New Orleans Workforce Investment Board Youth Council is sponsored by the Office of the Mayor of New Orleans. This group develops solutions to address the barriers that impede the ability of the city's youth to prepare, enter, and succeed in the world of work. Training and support are provided to youth and employers.

CAHSD:

- Interagency Service Coordination (ISC) for children and adults with added attention to transition aged youth. ISC is available in each of the seven parishes served, linking state agencies with community-based programs.
- Assertive Community Treatment Team provides intensive therapeutic and community-based services to at risk youth in the CAHSD area.
- Refers and participated in Office of Community Services, specifically with the YAP program.
- Case management to link up youth with other concrete services.

- Works closely with EBR Parish school-transitional education consultant and provides adult education for the youth.
- Attends all transitional core team meetings in EBR, WBR, East Feliciana, West Feliciana, and Ascension.
- Contracts with Baton Rouge Alliance for Transitional Living for short-term respite beds for transitional youth.
- Transitional Core Team members are located in East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, and Point Coupee Parishes. The Baton Rouge Alliance for Transitional Living addresses problems of transitional living needs for homeless kids, aged 16-21
- Work with and refer to Louisiana State Youth Opportunities program (tutoring and study skills, alternative education, summer employment, occupational skill training).
- Work with the Department of Juvenile Services
- Chairs the Children and Youth Planning Board
- Club 225 - This is a community-based community support program.
- Respite Services - Provide therapeutic respite (planned or crisis) in licensed therapeutic foster or group home settings
- 2 Mobile Disaster Teams - Providing screening, brief intervention, and linkage to community services for children affected by the hurricanes.
- Child/Adolescent Response Team - Crisis Stabilization, prevention of hospitalization and placement.
- Infant, Child, and Family Services (0-6 years) - provides family services for displaced families
- Early Childhood Support Services (0 through 5) - provide supportive services for displaced families

<u>Region III:</u>

- Provides assistance to 15-16 year olds through referrals and coordination of services. Gulf Coast has a training program for transitional age youths and OPTIONS has a grant to do training through LSU
- GCFS – help transition homeless SMI clients
- CART – help transition families in crisis
- Contract with agencies that are capable of providing acute and intensive mental health services within our region.
- Working with and forming partnerships with other state agencies and local community agencies.
- Though the children are not being identified in the clinics as youths who are aging out and need transition to adult services, Region III receives referrals to assist with this matter from family members, the court system, and other service providers.
- The school system targets children who are transitioning from youth the adult and they refer them to Louisiana Rehabilitation Services to work with a Transition Coordinator.
- Options for Independence have a pilot program in two schools working with children with disabilities. The program has hired an educational/employment specialist who works the transition plan with the children and helps them locate jobs. The person also helps them with interviewing techniques and completing college applications.
- An ISC process is completed along with other state and local agencies to provide a youth who is transitioning to adult services other wrap-a-round services.

- Gulf Coast Teaching Family Services, START Corp, Federation of Families, and Options for Independence provide an array of services to help youth have a smooth transition to adulthood. Services range from homeless placement, skill training, employment outreach, educational planning, individual therapy, and other related transition services.
- Region III also utilizes flex funds to help clients establish themselves for the transition process.
- Region III mental health clinics work diligently to ensure a timely appointment for each youth transitioning into adult services.
- Youth can be referred for other services ranging from case management to empowerment and advocacy.
- Bayou Land Families Helping Families - Family resource center that helps parents and children with transitional services
- Regional School Based DARE Program – Drug intervention school based education services in K-6 grades.

Region IV:

- Transitional needs are addressed at the Community Mental Health Centers through a variety of services. The OMH Clinical Staff determine the needs of Transitional Youth through individual assessments, team staffings, IEP meetings, FINS meetings, Interagency Service Coordination (ISC), meetings with MHRS Providers, and meetings with Social Service Contract Providers. The Clinical Staff ensures that appropriate services are accessed by Transitional Youth. Those services may include continued outpatient clinical treatment, OMH Contract Services (i.e., Case Management, Consumer Care Resources) and/or referral services to a MHRS provider.
- CART provides screening, assessment, and crisis stabilization
- Louisiana Spirit
- Early Childhood Supports & Services (ECSS) provides specialized therapeutic and case management services for young children ages 0 through 5 and their parents, including behavioral intervention and skills training

Region V:

- CMHC interdisciplinary clinical staffings are held on all transitional age persons. These are 1-2 joint sessions held with the consumer and both adult services and c/y services clinicians to promote continuity of care. The CMHC Children's Services Unit may see consumers to age 21 if in special education and through age 19 if in school full-time. Consumer Care Resources may be utilized to assist an individual with Home Settlement costs. Crisis housing and other housing resources may be utilized by these individuals.
- Interagency Service Coordination (ISC) staffings are held when appropriate, inviting adult service providers, housing specialist and employment services to assist the youth in transitional planning. Vocational Rehabilitation Agency is instrumental in the transitional planning process and is always invited to be part of the staffing. OMH may participate in Court proceedings to assist in transitioning individuals.
- Jeff Davis Pupil Appraisal Office has a transitional team that meets quarterly and staffs each student with a multidisciplinary team to provide to the individual and family information on community-based services for the particular disability. OMH-5 is part of that team.
- Clinical Staffings
- LCMHC - boys and girls social skills and process groups ages 15-17

- Co-occurring group for adolescents
- Contract with ETC to provide a Family Preservation Program (FPP). This is a time limited in-home program which provides case management and community resource linkage, including employment and education. ETC also has a Transitional Living Program (TLP) for transitional age youth that are homeless.
- The Office of Juvenile Justice Services has a Juvenile Drug Free Court Program and they are working on a "bridge" to transition youth from this juvenile program to the Adult Drug Free Court program.
- LA Spirit Children's Team

Region VI:

- Community Mental Health Centers address the transitional needs of youth through a variety of services, including but not limited to; individual assessments, team staffing between c/y and adult service, IEP meetings, etc.
- Federation of Families through the Family Support Program provides supportive services, mentoring, advocacy, and referral services to individuals and their families on educational / employment / vocational training programs.
- "Whatever It Takes Program" assist with linkage and coordination of services to transition age youth and their families.
- JWRAP targets ages 17 and under while assisting families in carrying out recommendations

Region VII:

- Education Service Center Transition Program – Transition services are a coordinated set of activities for students designed with an outcome –process which promotes movement from school to post-school activities including post secondary education, vocational training integrated employment, continuing and adult education, adult services, independent living or community participation. The transition core teams are located in each school district and are comprised of representatives from state and private agencies.
- Interagency Service Coordination (ISC) for children. ISC is available in each of the nine parishes served, linking state agencies with community-based programs. Specific work underway to address transition planning for youth aging out of foster care.
- FINS - Families In Need of Services (FINS) is an intervention process aimed at preventing formal juvenile court involvement which provides interventions through development of a family service plan. This plan outlines support services and linkages to community agencies, thus reducing the number of youth in the juvenile court system and securing the youth in the home and community. Referrals can be made by the parents, school officials, district attorneys, judges, or concerned citizens.
- Drug Court
- Mental Health Court – Juvenile Court for Caddo Parish
- CMHC community and clinic based services - interdisciplinary clinical staffings are held on youth as they approach aging out of children and youth services to identify adult services and ensure continuity of care.
- Person-centered planning is utilized to maintain to identify the strengths and needs of the family and to ensure a client driven process.
- OCS and OYD have utilized ISC as a vessel to ensure continuity of care of services for transition age youth exiting the state services system.

- Individualized Deferred-Disposition Court - A specialized court for juveniles with serious mental illnesses or developmental disabilities who have committed delinquent acts. Although the court is not a provider of mental health services, the purpose of this specialized section is to utilize a treatment-oriented disposition whenever possible, ensuring that the specific needs of juveniles with serious biologically based brain disorders and cognitive disabilities are addressed appropriately. The goals of this specialized program are to ensure that seriously mentally ill juvenile offenders are treated humanely within the context of their illness, while ensuring community safety, and reducing the risk of recidivism.
- Special Education Transition Team - Reviews services to transitioning juniors and seniors in special education upon graduating grad into services (e.g. vocational)
- VOA - Tracker services for Office of Youth Development
- Mental Health Screenings Caddo Parish Juvenile Detention Center
- Ware Youth Center
- PALS Program – equine therapy, adventure-based counseling, healthy lifestyles, scrapbooking, woodworking, and crisis intervention
- Louisiana Spirit – crisis and case management
- School Based Mental Health Services available in 8 of 9 parishes in the region.
- Home Based/Wraparound Services – treatment teams and families designed individual packages to meet indicated needs.

Region VIII:

- Assertive Community Treatment Program (ACT) designed to provide system of emergency service, assessment, counseling, and advocacy to families in their homes, schools, or other community settings. Services are provided by OMH/OMH contracts. Services for transitional needs are available if indicated.
- Interagency Service Coordination (ISC) is a collaborative community based process to develop a plan to support the child in his/her home.
- Regular Clinic Services – individual intervention
- FINS targets ages 6-18 to assist at-risk youth/families in order to prevent involvement with law-enforcement and other legal entities.
- DARE (ages 6-18) educate youth in schools/community settings on dangers of alcohol/drug use.

FPHSA:

- SELH-DNP/In-Patient and Out-Patient Services assist with transitional age individuals with dual diagnosis of mental illness and developmental disabilities.
- Louisiana Rehabilitation Services provides supportive employment for transitional age individuals.
- Family in Need of Services monitors families of children up to age 18 to ensure the families are receiving the appropriate services.
- Transition Age Committees take place in the schools of all five parishes (St. Tammany, Washington, St. Helena, Livingston, and Tangipahoa). FPHSA participates in these meetings to educate transitional age individuals and their parents on available services to help them plan for the adult world.
- Interagency Service Coordination (ISC) for transitional age individuals to help set up resources and supports for this population. It is available in all five parishes.
- Assertive Community Treatment (ACT) provides intensive services to at risk individuals and their families, including assisting with coordination of services.

- CMHC clinicians work with the family to ensure that the school system is incorporating transitional services into the IEP of those transitional youth who have IEPs.

JPHSA:

- The Children's Support Services Staff provides special assistance to transition-age youth involved in the ISC process. They also accept clinic referrals for transitional planning.
- Multi-systemic therapy is a treatment modality used with some transitional-age client, which encourages employment and continuing education when appropriate.
- An adolescent group offered within the mental health clinic addresses problem solving, conflict resolution, anger management, and communication skills.
- Through an MOU with Juvenile Services two social workers are dedicated to work with FINS referrals.
- LaYES – Care management and targeting early childhood and transition age
- JPHSA Children's services – JPHSA offers group, individual, and family interventions to youth age 15-21
- CAER (Center for Advancement of Early Relationships) – offers treatment for ages 0-5
- NURSE Family Partnership (NFP) – provides in-home nursing services and parent education/training to pregnant first-time mothers until the child reaches age 2.

OTHER ACTIVITIES LEADING TO REDUCTION OF HOSPITALIZATION
FY 2009 – Child/Youth

Utilization of state hospital beds dropped significantly with the introduction of community-based Mental Health Rehabilitation (MHR) services and the development of brief stay psychiatric acute units within general public hospitals. Moreover, Louisiana and OMH have a network of services that provide alternatives to hospitalization for consumers and families in Louisiana through a broad array of community support services and consumer-run alternatives. Housing, employment, educational, rehabilitation, and support services programs, which take into account a recovery-based philosophy of care, all contribute to reductions in hospitalization.

In the event of crisis, access to hospitalization is controlled through the Single Point of Entry (SPOE) process which assures community alternatives are tried and/or ruled out prior to inpatient hospitalization in a state inpatient facility. Implementation of the statewide Continuity of Care policy continues to enhance joint hospital-community collaboration with the goals of improved outcomes post-discharge including reduced recidivism. These tasks are inherent in Goal 5; Recommendation 4 of the *President's New Freedom Commission Report* which calls for states and communities to address the problems of acute and long term care; specifically addressing "assessing existing capacities and shortages coupled with delivering appropriate acute care services".

Another avenue of care that has reduced hospitalization rates is the revision of the Mental Health Rehabilitation program which has allowed greater flexibility of services and the ability to cover additional services such as ACT, FFT, and MST, which are consumer driven and recovery-focused.

Many other initiatives previously discussed have either directly or indirectly had an impact on the utilization of inpatient services. For example, the Louisiana Integrated Treatment Services (LITS) model for persons with Co-occurring Mental and Substance Disorders has resulted in increasing access to community services and reducing the need for hospitalization. The advent of using effective co-occurring capable services is intertwined with Goal 4; Recommendation 3 of the

President's New Freedom Commission Report which calls for the linking of mental health and substance abuse. The development of crisis services throughout the state is another example of programming that has resulted in decreased hospital utilization. The continued expansion of telemedicine has also shown promising.

Funding from the SSBG was utilized to provide services such as mobile crisis teams, crisis lines, assertive community treatment teams, respite services, and wrap around services for children.

In the state budget authorized through the legislative session of 2007, OMH received money to sustain most of the above-mentioned services and to expand upon them. For instance, there are mental health emergency room extensions (M-HERE) for extended evaluation and triage of people in mental health crisis, mobile crisis team(s), and adult and child crisis respite in each Region / LGE.

Funding was also provided to reestablish child clinic services in one of the destroyed clinics in New Orleans. Grant money has made possible the purchase of a mobile clinic for child primary care and mental health services in New Orleans

Other activities leading to reduction of hospitalization that have been discussed previously include Assertive Community Treatment (ACT) Teams, FFT, MST, family support mentoring, respite, flexible fund services, and the Mental Health Rehabilitation (MHR) program.

Through the Intensive Community Respite Program, contract providers have been educated and assisted to feel more comfortable with children and adolescents with more serious problems than are usually placed in Community Respite Programs. Over the past several years, educational and recreational activities have been added to the Intensive Crisis Respite Community Program so that those enrolled in the program have a more structured schedule.

Region III has placed more emphasis on the Assertive Community Treatment program through the Options for Independence program. Their intensive home/school/community-based services have reduced the number of children going into hospital. Region III is also in the process of advertising nationally for a Child Psychiatrist. They utilize family-focused services by supporting the court system and other systems with the ISC (Interagency Service Coordination) process. This service allows for more wrap-a-round services to be placed where the child and/or family need it the most.

Programs such as Family Preservation helps to promote a better developed training program for parents in the home to help clients who do not have access to transportation to the local mental health clinic. Most of the services in Region III help parents in the home where most crisis situations occur. The CART program provides daily accesses to parents/teachers or other community persons who identify a child who is experiencing a crisis.

New programs have been developed such as local case management, after school tutoring, camps, individual and group therapy, and family therapy programs, and even though youth still have to be admitted to a psychiatric hospital for various reasons, there has been a reduction. Children and youth are receiving more in home/school/community-based services. There is also home educational services related the child's mental health diagnosis. Region III is in partnerships with other community non-profits such as LSU Ext. to help promote more healthy eating habits as well as Prevent Child Abuse Louisiana to help parents understand other options for discipline for children with mental health issues.

Florida Parishes Human Services Authority has contracts with agencies to provide respite services for children and adolescents within their service area. There is also a planned recreational respite program. The agency also has a contract for individuals to go into the homes of children and adolescents to assist the families in times of crisis. They utilize an Assertive Community Treatment program to serve our children and adolescents who are high risk for hospitalizations.

The mid-part of the state provides alternatives to unnecessary hospitalizations. They have a continuum of youth crisis services which includes a crisis phone line operated by BRCIC, 24 hour Regional Crisis Coordination services, face-to-face crisis assessments which may occur in the home, in-home crisis stabilization, out-of-home respite services, therapeutic foster care, and family preservation programs.

Comprehensive services include: In home family counseling, case management, planned respite, and a four week summer therapeutic, educational respite and recreational camp. Telemedicine equipment is used throughout most of the area to address training and educational needs, reduce administrative costs for meetings, and provide a means for assessing and treating children and youth in locations that do not have access to a child psychiatrist, especially in the rural communities.

The Interagency Service Coordination (ISC) process continues to grow since the Juvenile Justice System has found the process to be beneficial in identifying and meeting the needs of children/youth; this has also helped to divert hospitalizations. The Louisiana Integrated Treatment Services (LITS) model for persons with Co-occurring Mental and Substance Disorders has advanced the use of the model to include addressing the needs of children/youth in the Integrated Treatment Team staffings resulting in increasing access to community services and reducing the need for hospitalization.

CAHSD has a very strong CART team as well as contracts with two agencies to provide after hour coverage. ViLink provides after hour crisis phone screening and a psychiatric rehabilitation agency (Beta) which provides after hour and weekend triage services to their clients. CAHSD also has a children's' ACT team as well as a family preservation team. These teams provide intervention in schools and homes (clinic without wall model). CAHSD has an agreement with Lady of the Lake Hospital (psychiatric emergency team) that they would screen and refer potential clients who might need intensive treatment/respite services to CAHSD so as to avoid unnecessary hospitalization. After the hurricanes in 2005, a mobile team was deployed to all sites to provide mental health and substance abuse treatment services. The mobile team also worked closely with LSU's outreach team and various community resources to serve their clients. CAHSD also has a family liaison who acts as the "warm line" for parents (visits and supports). This individual has on many occasions assisted parents with necessary treatment services and resources to deter hospitalizations.

In Region IV, CART continues to provide services that present alternatives to hospitalization and prevent unnecessary hospitalizations. There is 24-hour Crisis Care Coordination and face-to-face assessments. CART also provides crisis stabilization in the home, away from home, and at alternate site crisis stabilization (respite). Since the hurricanes, the 24-hour crisis line is now operated by BRCIC (Baton Rough Crisis Intervention Center), instead of NOAH. In Region IV, for example, comprehensive services now include Wrap-Around Professional Services, Clinical Case Management, and Consumer Care Resources. Although Region IV does not have planned respite, any child/adolescent can obtain crisis respite through CART regardless of their status with the community mental health center.

School-based counseling services are provided in multiple schools in Region V that help to identify children/youth in need of services and to provide counseling services which help to prevent the need for psychiatric hospitalizations. Region V is also involved in Juvenile Drug Court and Mental Health Court to assist the juvenile justice system in diverting youth from the corrections and hospital systems into the mental health community-based system.

The community-based Child and Adolescent Response Team (CART) program and other community-based supports and services continue to provide a route to assist in the reduction of inpatient hospitalizations. OMH also has a Hospital Admissions Review (HARP) unit located in Region VI, an Assertive Community Treatment Team and Family Preservation Program in Region VII, and area-wide access to contracted private hospital beds is enhanced to serve as a brief stabilization resource in the rare instances when inpatient treatment of children is necessary. In addition, in Region VI, outreach activities are available to the public, school system, and juvenile justice system to increase their awareness of the CART Program prevention services as well as the OMH child and adolescent services resulting in an increase in service utilization. Efforts continue to enhance communication and collaboration with providers and other stakeholders through the Interagency Service Coordination (ISC) process, the utilization of telemedicine services for treatment team staffings and provision of family and individual therapeutic sessions, and other continuity of care processes; these initiatives have resulted in an overall improved System of Care for children and youth and their families. Continued efforts to educate the community and OMH staff regarding these additional supports and services has resulted in increased utilization of these alternatives to hospitalization and increased community awareness to the System of Care philosophy and principles.

Region VI actively works to reduce hospitalization through continued support from existing programming and by developing and utilizing new initiatives. Children's Program - A new Juvenile Justice Diversion program was initiated towards the end of FY 07 supervised by Judge Cook's office who has participated in the CIT training in Memphis. The CART program is active and utilizing a newly developed Adjunctive Services Contract to provide additional treatment resources in extremely rural areas of the region that can be employed for those requiring extended treatment in more rural areas. The Interagency Service Coordination (ISC) process continues to be utilized as well as the SPOE's 24 hour On Call Crisis Telephone System. This system utilizes Central State Hospital's switchboard and provides access to important data needed to problem solve increased crisis activities. The community outreach programs and wrap around services are developing additional supports including Recovery Modeled Peer Supports and Recovery training for staff and clinicians.

Region VII has offered for many years the availability of Adjunctive Services for those Children/Youth who are regarded as needing a higher level of outpatient care than the CMHCs have to offer. By contracting with providers in the community to provide in home, school and community skills and counseling services, they are able to offer "wrap-around" services to those children/youth that do not qualify for MHRS or do not have Medicaid.

The reduction of child and youth hospitalizations in Region VIII can be attributed to the continued use of the Child and Adolescent Response Team (CART) and increased utilization of community resources. CART, with the assistance of contract providers, continues to provide crisis services in and out of the home as well as respite. A clinician is available after hours, weekends and holidays to handle crisis calls. Wrap Around services and ACT services are also available.

In the past, community resources have been used to refer children and youth needing only individual or family counseling. If a medication need arise, the child/youth can be referred back to the CMHC. Services have been expanded to include school-based health centers, after school programs, and screening students for depression at the junior high and high school levels. Community education regarding services provided at the MHC, including CART, was enhanced by participation in health fairs, presentations at Crisis Intervention Trainings (CIT) and visiting personnel at all of the school districts in the region.

CRITERION 2
MENTAL HEALTH SYSTEM DATA EPIDEMIOLOGY – INCIDENCE & PREVALENCE ESTIMATES
FY 2009 – Child/Youth

OMH has made great strides over the past decade in establishing systems to meet the growing and changing needs for information in support of management, program operations, quality improvement, and accountability. Goal #6 of the *President's New Freedom Commission Report*: "Technology Is Used to Access Mental Health Care and Information" is directly related to all aspects of Criterion 2.

OMH currently operates statewide computerized information systems covering the major service delivery and administrative programs. These systems provide a wide array of data: client characteristics, clinical assessments, type and amount of services provided, and outcome of services.

OMH-IIS is the leading-edge of OMH contemporary web-based information system development, operating in an integrated fashion over the DHH wide-area network (WAN) on a central SQL server. It is envisioned to be comprehensive in scope, and the current system has undergone phase 2 of a series of planned, sequenced enhancements. To the currently existing central client registry/continuity of care tracking sub-system and a central provider sub-system of OMH-IIS phase 1, the previously separate SPOE-MIS legacy database (see description below) and a module that allows direct data entry from the OMH standardized outcome measurement instrument, the Psychosocial Outcomes Monitoring Scales (POMS) has been added. This OMH-IIS phase 2 enhancement rolled out July 1, 2005. In July 2006, Phase 3 enhancements included transferring the functions of a legacy data system, CMHC-MIS, into OMHIIS and bringing down CMHC-MIS. This is a mainframe-based system for all 43 community mental health centers (CMHCs) statewide that has been in operation since 1981. It provides for management reporting and electronic billing of Medicaid services. Also as part of Phase 3 enhancements, ARAMIS, the Accounts Receivables and Management Information System, implemented in 1993, became the main portal for data previously entered into CMHC-MIS. ARAMIS emulates the CMHC-MIS management reporting functions for local mental health center programs and also provides for automated accounts receivable functions. It operates on a LAN. ARAMIS is a DOS-based system. Data from ARAMIS is now uploaded to OMH-IIS in ever decreasing time frames until real-time data transfer is achieved. ARAMIS itself is scheduled to be rolled into OMH-IIS as part of Phase 4 of OMH-IIS evolution, targeted for completion by the fall of 2007. The plan for further development of OMH-IIS is to sequentially replace the remaining separate, non-integrated LAN-based legacy systems now operating statewide by extending the functionality of the expanding OMH-IIS system. It also involves adding the following functions to the existing OMH-IIS system: Service event scheduling (in conjunction with service event recording); Provider credentialing & privileging (in conjunction with the current central provider registration); Expanded assessments and quality management functions, including capacity for contemporary performance & outcome measures and a continuity-of-care record; Tracking clients enrolled in evidenced-based treatments; and a central program registration system. While the current OMH-IIS employs current information technologies, rapidly changing technology and the development of standards requires its updating to serve as the core for the new system development.

OMH operates the following legacy systems. These systems are largely custom-built, LAN-based, and compliant with national data standards (e.g., Mental Health Statistics Improvement Program - MHSIP). These systems include:

PIP/PIF/ORYX. The Patient Information Program, implemented in 1992, operates in each of the five state hospitals and seven regional acute units. It provides a comprehensive array of data on inpatients served. A financial module (PIF), implemented in 1994, supports billing, and the ORYX module, implemented in 1999, supports performance reporting for JCAHO accreditation. PIP is a DOS-based system. This system is in line after ARAMIS to be rolled into OMH-IIS.

MHR/MHS & UTOPiA. The Mental Health Rehabilitation/Mental Health Services system, implemented in 1995, supports client, assessment, and service data collection and reporting for mental health rehabilitation provider agencies and contract mental health service program providers (mainly case management). The Utilization, Tracking, Oversight, and Prior Authorization system provides for prior authorization of services and utilization and outcomes management at the state and area levels. MHR/MHS & UTOPiA run in Visual Fox Pro. There is recent interest in evaluating the possibility of incorporating the functions of MHR/MHS & UTOPiA into OMHIIS during Phase 4 enhancements.

In addition to the above custom-built systems, OMH also operates proprietary Health Care Systems (HCS) Medics pharmacy software in each of the seven regional community pharmacies and each of the five state hospitals. This software automates prescription processing and management reporting of utilization of pharmaceuticals. It interfaces with PIP in the hospitals to capture patient admission data.

In addition to the above listed OMH data systems, there exist program specific data systems that are supported by OMH. These include the data system for the Child and Adolescent Response Team (CART), Early Childhood Supports and Services (ECSS), and the Louisiana Youth Enhancement Services (LA-YES). In each case, these specialized service programs have unique database needs that have been addressed by either building a suitable database in-house or in the case of LA-YES, purchasing a compatible commercial data management system. In each of these cases, efforts have been made to make sure that whatever system is being used, its structure and data formats are compatible with OMH-IIS such that key clinical information can be uploaded to OMH-IIS which is the primary repository of this information for OMH.

CHILD/ YOUTH – CMHC PERSONS SERVED
UNDUPLICATED WITHIN REGIONS/ DISTRICTS FY 07-08

Regions / Districts	Children/Youth with EBD Served (persons served)	Total Children/Youth Served	% EBD
3,4,5,6,7, & 8	2,554	3,212	80%
MHSD	499	1,152	43%
CAHSD	2,101	2,378	88%
FPHSA	891	930	96%
JPHSA	1,420	1,571	90%
MHR	4,539	4,539	100%
Totals	**12,004**	**13,782**	**87%**

Data Source: ARAMIS, JPHSA, and MHR

Data Definitions & Methodology

SMI and EBD Definitions: OMH population definitions follow the national definition.

Estimation Methodology: OMH uses the CMHS estimation methodology, applying the national prevalence rates for SMI (2.6%) and EBD (9%) directly to current general population counts to arrive at the estimated prevalence of targeted persons to be served. This method has been used since the revised rates were published in 1996.

Sub-populations: This information is not available, since the only prevalence estimate available is the gross number of targeted persons in the population. There have been no local epidemiological studies or needs assessment that would result in information this specific.

Dual Diagnosis: Please refer to Block Grant Uniform Reporting Tables to be included with the Implementation Report for this information.

Access: See the Gaps section of the Context Section of this report for this information. The largest groups of persons not having sufficient access are children/youth and families, as indicated by the discrepancy between prevalence and number served each year.

According to the 2007 Annual Estimates of the Resident Population by Single-Year 7/1/2007 State Characteristics Population Estimates Population Division, U.S. Census Bureau (Released May 1, 2008), the total number of children and youth in Louisiana is 1,079,560. Of these, according to national benchmarks, 9% are expected to have an Emotional or Behavioral Disorder (EBD). That translates into a total of 97,160 children and youth with an EBD in Louisiana based on national prevalence rates. Of this number, it is expected that between 20,000 and 40,000 should be served by the public mental health system including the Medicaid Agency mental health rehabilitation program.

Statistics show that 13,782 children and youth received outpatient services under the OMH umbrella in FY 2008 through both Community Mental Health Centers and the Mental Health Rehabilitation (MHR) program. The MHR program served 4,539children and youth. Of the total number (13,782), 87% met the definition of EBD. EBD is a national designation that includes only those individuals suffering from the most severe forms of mental illness. Those who have any type of mental illness would increase the population figures, but not the numbers of individuals served, since Louisiana's outpatient mental health facilities are designated to serve only those children and youth with EBD. Therefore, individuals with EBD are considered to be the target population for these programs. These numbers reflect an unduplicated count within regions and LGEs.

Child/Youth Target Population

A child or youth who has an emotional/behavioral disorder meets the following criteria for Age, Diagnosis, Disability, and Duration as agreed upon by all Louisiana child serving agencies.

Note: For purposes of medical eligibility for Medicaid services, the child/youth must meet the criteria for diagnosis as contained in Item 4 of the Diagnosis Section below; Age and Disability must be met as described below; Duration must be met as follows: Impairment or patterns of inappropriate behavior which have/has persisted for at least three months and will persist for at least a year.

Age: Under age 18

Diagnosis: Must meet one of the following:

1. Exhibit seriously impaired contact with reality, and severely impaired social, academic, and self-care functioning, whose thinking is frequently confused, whose behavior may be grossly inappropriate and bizarre, and whose emotional reactions are frequently inappropriate to the situation; or,
2. Manifest long-term patterns of inappropriate behaviors, which may include but are not limited to aggressiveness, anti-social acts, refusal to accept adult requests or rules, suicidal behavior, developmentally inappropriate inattention, hyperactivity, or impulsiveness; or
3. Experience serious discomfort from anxiety, depression, or irrational fears and concerns whose symptoms may include but are not limited to serious eating and/or sleeping disturbances, extreme sadness, suicidal ideation, persistent refusal to attend school or excessive avoidance of unfamiliar people, maladaptive dependence on parents, or non-organic failure to thrive; or
4. Have a DSM-IV (or successor) diagnosis indicating a severe mental disorder, such as, but not limited to psychosis, schizophrenia, major affective disorders, reactive attachment disorder of infancy or early childhood (non-organic failure to thrive), or severe conduct disorder. This category does not include children/youth who are socially maladjusted unless it is determined that they also meet the criteria for emotional/behavior disorder.

Disability: There is evidence of severe, disruptive and/or incapacitating functional limitations of behavior characterized by at least two of the following:

1. Inability to routinely exhibit appropriate behavior under normal circumstances;
2. Tendency to develop physical symptoms or fears associated with personal or school problems;
3. Inability to learn or work that cannot be explained by intellectual, sensory, or health factors;
4. Inability to build or maintain satisfactory interpersonal relationships with peers and adults;
5. A general pervasive mood of unhappiness or depression;
6. Conduct characterized by lack of behavioral control or adherence to social norms which is secondary to an emotional disorder. If all other criteria are met, then children determined to be "conduct disordered" are eligible.

Duration: Must meet at least one of the following:

1. The impairment or pattern of inappropriate behavior(s) has persisted for at least one year;
2. There is substantial risk that the impairment or pattern or inappropriate behavior(s) will persist for an extended period;
3. There is a pattern of inappropriate behaviors that are severe and of short duration.

OMH is in the process of revising and refining the definition of Target Population to include such things as clients' functional status.

Louisiana Post- Hurricane Prevalence Estimates

Over the last three years, Louisiana population figures have been extremely difficult to estimate based on the mass evacuations following Hurricanes Katrina and Rita. Overall, the population of the State is smaller than prior to the storms due to mass evacuations to other states in the days and weeks after the hurricanes. While many evacuees have returned to the state, and others are expected to return, the population figures continue to be in flux, making estimates difficult, and somewhat unreliable. Within the state, the parishes hardest hit by the hurricanes experienced an overall decrease in population, while some other parishes experienced an increase in population. The *2005 American Community Survey Gulf Coast Area Data Profiles: September through December, 2005 (revised July 19, 2006)* were released in an attempt to measure the population post – hurricanes, and at that time there were estimated to be 3,688,996 individuals in Louisiana, with 2,742,070 adults, and 945,926 children. The Population Division of the US Census Bureau recently published the *Annual Estimates of the Resident Population by Single-Year 7/1/2007 - State Characteristics Population Estimates* (Released May 1, 2008). The more recent data is listed in the tables below. A comparison of these sets of figures shows that the trend is for Louisiana's population to once again increase.

In addition, estimates of the prevalence of mental illness within the state, parishes, regions, and LGEs for Adults and Children/ youth are shown in the following tables. Caution should be used when utilizing these figures, as there is much population movement and the figures may not be entirely reliable.

PREVALENCE ESTIMATES*

July 1, 2007 (Released May 1, 2008)

	Child/ Youth 9%		Adult 2.6%		Total	
Louisiana	Pop Count	Prev Count	Pop Count	Prev Count	Pop Count	Prev Count
State-wide	1,079,560	97,160	3,213,644	83,555	4,293,204	180,715

*Based on Annual Estimates of the Resident Population by Single-Year 7/1/2007 State Characteristics Population Estimates Population Division, U.S. Census Bureau. (Released May 1, 2008)

Prev. Count = Estimated Prevalence Count (2.6% Adults*, 9%Children**) Adult =18 Years of Age and Older
Child/Youth =17 Years of Age and Younger
* Source for Adult prevalence estimate: Kessler, R.C., et al. The 12-Month Prevalence and Correlates of Serious Mental Illness (SMI). Mental Health, United States, 1996. U.S. Department of Health and Human Services pp. 59-70.
** Source for Child prevalence estimate: Friedman, R.M. et al. Prevalence of Serious Emotional Disturbance in Children and Adolescents. Mental Health, United States, 1996. U.S. Department of Health and Human Services pp 71-89.

Please note: Louisiana uses the designation SMI for what is more usually referred to as SPMI.
SMI (SPMI) is a national designation that includes only those individuals suffering from the most severe forms of mental illness. Those who have all types of mental illness would increase the population figures, but would not increase the numbers of individuals served since Louisiana's facilities are designated to serve those with SMI (SPMI).

Estimated State Population and Estimated Prevalence of Adults with Serious Mental Illness and Child/Youth with Emotional Behavioral Disorders by Region/District and Parish (July 1, 2007 Pop Est)*

Region/ District	PARISH	CHILD/ YOUTH (Age 0-17) POP. EST.	CHILD/ YOUTH (Age 0-17) PREV. EST.	ADULT (Age 18 and up) POP. EST.	ADULT (Age 18 and up) PREV. EST.	TOTAL POP. EST. JULY 1, 2007	TOTAL PREV. EST.
1-METROPOLITAN HUMAN SERVICE DISTRICT	Orleans Parish	44,085	3,968	195,039	5,071	239,124	9,039
	Plaquemines Parish	5,652	509	15,888	413	21,540	922
	St. Bernard Parish	3,382	304	16,444	428	19,826	732
Total for 1-MHSD		**53,119**	4,781	**227,371**	5,912	**280,490**	10,692
2-CAPITAL AREA HUMAN SERVICE DISTRICT	Ascension Parish	28,684	2,582	70,372	1,830	99,056	4,411
	East Baton Rouge Parish	107,470	9,672	322,847	8,394	430,317	18,066
	East Feliciana Parish	4,726	425	16,107	419	20,833	844
	Iberville Parish	7,767	699	24,734	643	32,501	1,342
	Pointe Coupee Parish	5,412	487	16,980	441	22,392	929
	West Baton Rouge Parish	5,778	520	16,847	438	22,625	958
	West Feliciana Parish	2,454	221	12,659	329	15,113	550
Total for 2-CAHSD		**162,291**	14,606	**480,546**	12,494	**642,837**	27,100
Region 3	Assumption Parish	5,628	507	17,363	451	22,991	958
	Lafourche Parish	22,659	2,039	70,054	1,821	92,713	3,861
	St. Charles Parish	13,862	1,248	38,182	993	52,044	2,240
	St. James Parish	5,602	504	15,976	415	21,578	920
	St. John the Baptist Parish	13,739	1,237	33,945	883	47,684	2,119
	St. Mary Parish	13,553	1,220	37,758	982	51,311	2,201
	Terrebonne Parish	28,901	2,601	79,523	2,068	108,424	4,669
Total for Region 3		**103,944**	9,355	**292,801**	7,613	**396,745**	16,968
Region 4	Acadia Parish	16,639	1,498	43,319	1,126	59,958	2,624
	Evangeline Parish	9,803	882	26,102	679	35,905	1,561
	Iberia Parish	20,621	1,856	54,344	1,413	74,965	3,269
	Lafayette Parish	52,804	4,752	152,039	3,953	204,843	8,705
	St. Landry Parish	24,782	2,230	66,580	1,731	91,362	3,961
	St. Martin Parish	13,726	1,235	37,925	986	51,651	2,221
	Vermilion Parish	14,293	1,286	41,398	1,076	55,691	2,363
Total for Region 4		**152,668**	13,740	**421,707**	10,964	**574,375**	24,705

Estimated State Population and Estimated Prevalence of Adults with Serious Mental Illness and Child/Youth with Emotional Behavioral Disorders by Region/District and Parish (July 1, 2007 Pop Est)*

Region/ District	PARISH	CHILD/ YOUTH (Age 0-17) POP. EST.	CHILD/ YOUTH (Age 0-17) PREV. EST.	ADULT (Age 18 and up) POP. EST.	ADULT (Age 18 and up) PREV. EST.	TOTAL POP. EST. JULY 1, 2007	TOTAL PREV. EST.
Region 5	Allen Parish	**5,902**	531	**19,622**	510	**25,524**	1,041
	Beauregard Parish	**8,865**	798	**25,911**	674	**34,776**	1,472
	Calcasieu Parish	**47,291**	4,256	**137,221**	3,568	**184,512**	7,824
	Cameron Parish	**1,553**	140	**5,861**	152	**7,414**	292
	Jefferson Davis Parish	**8,407**	757	**22,770**	592	**31,177**	1,349
Total for Region 5		**72,018**	6,482	**211,385**	5,496	**283,403**	11,978
Region 6	Avoyelles Parish	**10,691**	962	**31,478**	818	**42,169**	1,781
	Catahoula Parish	**2,458**	221	**7,994**	208	**10,452**	429
	Concordia Parish	**4,762**	429	**14,296**	372	**19,058**	800
	Grant Parish	**5,124**	461	**14,634**	380	**19,758**	842
	La Salle Parish	**3,389**	305	**10,652**	277	**14,041**	582
	Rapides Parish	**33,485**	3,014	**96,594**	2,511	**130,079**	5,525
	Vernon Parish	**14,758**	1,328	**32,622**	848	**47,380**	2,176
	Winn Parish	**3,421**	308	**12,100**	315	**15,521**	622
Total for Region 6		**78,088**	7,028	**220,370**	5,730	**298,458**	12,758
Region 7	Bienville Parish	**3,574**	322	**11,333**	295	**14,907**	616
	Bossier Parish	**29,582**	2,662	**79,123**	2,057	**108,705**	4,720
	Caddo Parish	**64,165**	5,775	**188,444**	4,900	**252,609**	10,674
	Claiborne Parish	**3,445**	310	**12,838**	334	**16,283**	644
	De Soto Parish	**6,716**	604	**19,553**	508	**26,269**	1,113
	Natchitoches Parish	**9,734**	876	**29,751**	774	**39,485**	1,650
	Red River Parish	**2,520**	227	**6,675**	174	**9,195**	400
	Sabine Parish	**5,835**	525	**17,848**	464	**23,683**	989
	Webster Parish	**9,554**	860	**31,370**	816	**40,924**	1,675
Total for Region 7		**135,125**	12,161	**396,935**	10,320	**532,060**	22,482

Estimated State Population and Estimated Prevalence of Adults with Serious Mental Illness and Child/Youth with Emotional Behavioral Disorders by Region/District and Parish (July 1, 2007 Pop Est)*

Region/ District	PARISH	CHILD/ YOUTH (Age 0-17) POP. EST.	CHILD/ YOUTH (Age 0-17) PREV. EST.	ADULT (Age 18 and up) POP. EST.	ADULT (Age 18 and up) PREV. EST.	TOTAL POP. EST. JULY 1, 2007	TOTAL PREV. EST.
Region 8	Caldwell Parish	**2,353**	212	**7,954**	207	**10,307**	419
	East Carroll Parish	**2,247**	202	**6,055**	157	**8,302**	360
	Franklin Parish	**5,093**	458	**14,967**	389	**20,060**	848
	Jackson Parish	**3,517**	317	**11,622**	302	**15,139**	619
	Lincoln Parish	**9,057**	815	**33,505**	871	**42,562**	1,686
	Madison Parish	**3,431**	309	**8,427**	219	**11,858**	528
	Morehouse Parish	**7,155**	644	**21,628**	562	**28,783**	1,206
	Ouachita Parish	**39,595**	3,564	**109,907**	2,858	**149,502**	6,421
	Richland Parish	**5,202**	468	**15,267**	397	**20,469**	865
	Tensas Parish	**1,365**	123	**4,500**	117	**5,865**	240
	Union Parish	**5,527**	497	**17,246**	448	**22,773**	946
	West Carroll Parish	**2,594**	233	**8,959**	233	**11,553**	466
Total for Region 8		**87,136**	7,842	**260,037**	6,761	**347,173**	14,603
9-FLORIDA PARISHES HUMAN SERVICE AREA	Livingston Parish	**31,723**	2,855	**84,857**	2,206	**116,580**	5,061
	St. Helena Parish	**2,612**	235	**8,008**	208	**10,620**	443
	St. Tammany Parish	**58,962**	5,307	**167,663**	4,359	**226,625**	9,666
	Tangipahoa Parish	**30,410**	2,737	**84,988**	2,210	**115,398**	4,947
	Washington Parish	**11,558**	1,040	**33,362**	867	**44,920**	1,908
Total for 9-FPHSA		**135,265**	12,174	**378,878**	9,851	**514,143**	22,025
10-JEFFERSON PARISH HUMAN SERVICE AREA	Jefferson Parish	**99,906**	8,992	**323,614**	8,414	**423,520**	17,406
STATE TOTAL		**1,079,560**	97,160	**3,213,644**	83,555	**4,293,204**	180,715

SC-EST2007-alldata5: Annual State Population Estimates by Demographic
File: 7/1/2007 County Characteristics Resident Population Estimates File for Internet Display
Source: Population Division, U.S. Census Bureau
Release Date: May 1, 2008

http://www.census.gov/popest/datasets.html
Prev. Count = Estimated Prevalence Count (2.6% Adults*, 9%Children**)

Adult =18 Years of Age and Older -- Child/Youth =17 Years of Age and Younger

* *Source for Adult prevalence estimate: Kessler, R.C., et al. The 12-Month Prevalence and Correlates of Serious Mental Illness (SMI). Mental Health, United States, 1996. U.S. Department of Health and Human Services pp. 59-70.*
** *Source for Child prevalence estimate: Friedman, R.M. et al. Prevalence of Serious Emotional Disturbance in Children and Adolescents. Mental Health, United States, 1996. U.S. Department of Health and Human Services pp 71-89.*

Please note: Louisiana uses the designation SMI for what is more usually referred to as SPMI.
SMI (SPMI) is a national designation that includes only those individuals suffering from the most severe forms of mental illness. Those who have all types of mental illness would increase the population figures, but would not increase the numbers of individuals served since Louisiana's facilities are designated to serve those with SMI (SPMI).

POPULATION, PERCENTAGES & CASELOAD BY AGE
FY 2009 – CHILD/YOUTH

State's Population By Age Range*		
Age Range	**Number of Persons**	**Percentage of State's Population**
0-17	1,079,560	25%
18+	3,213,644	75%
TOTAL	4,293,204	100%

*Based on Annual Estimates of the Resident Population by Single-Year 7/1/2007 State Characteristics Population Estimates Population Division, U.S. Census Bureau (Released May 1, 2008)

CMHC C/Y CASELOAD SIZE BY REGION/ LGE ON LAST DAY OF FISCAL YEAR 2008

	FY06-07			FY07-08		
	Age 0-11	**Age 12-17**	**TOTAL 0-17**	**Age 0-11**	**Age 12-17**	**TOTAL 0-17**
REGION						
1-MHSD	328	475	803	355	543	898
2-CAHSD	609	782	1391	718	865	1583
3	61	172	233	43	88	131
4	170	278	448	184	279	463
5	57	103	160	41	85	126
6	139	165	304	139	165	304
7	162	229	391	179	231	410
8	64	114	178	62	123	185
9-FPHSA	234	249	483	281	264	545
10-JPHSA	377	488	865	395	504	899
TOTAL	2201	3055	5256	2397	3147	5544

Data from CMHC ARAMIS and JPHSA

CASELOAD WITH SMI/EBD ON LAST DAY OF FISCAL YEAR 2008

CASELOAD ON June 30, 2008 CMHC/PIP	ADULT: SMI CHILD: SED		OTHER		
	COUNT	**Percent**	**COUNT**	**Percent**	**TOTAL**
Age 0-17	4,286	77	1,308	23	5,594
Age 18+	27,619	82	5,993	18	33,612
.	2	8	23	92	25
TOTAL	31,907	81	7,324	19	39,231

Data from CMHC ARAMIS, PIP and JPHSA

NOTE: Totals from previous years reporting in the Block Grant have not included data from Jefferson Parish Human Service Authority (not available)

PERSONS SERVED BY OMH COMPARED TO PREVALENCE ESTIMATES AND CENSUS DATA
FY 2009 - CHILD / YOUTH PLAN

Age Range	LA Population Estimated*	National Prevalence Rate	Est. Number of persons in LA Population with SMI/EBD
Child/ Youth* 0-17	1,079,560	9%	1,079,560 X .09= **97,160**
Adult 18+**	3,213,644	2.6%	3,213,644 X .026= **83,555**
Total	4,293,204	-----	**180,715**

*Based on Annual Estimates of the Resident Population by Single-Year 7/1/2007 State Characteristics Population Estimates Population Division, U.S. Census Bureau (Released May 1, 2008)

Age Range	Est. Number of persons in LA population with SMI/EBD	Number of Persons with SMI/EBD in OMH Caseload	Louisiana Percent of Prevalence Served
Child/ Youth 0-17	97,160	4,286	4,286/97,160 = **4.4%**
Adult 18+	83,555	27,619	27,619/83,555 = **33%**
Total	180,715	31,905	31,905/180,715 = **18%**

Prev. Count = Estimated Prevalence Count (2.6% Adults*, 9%Children**) Adult =18 Years of Age and Older
Child/Youth =17 Years of Age and Younger
* Source for Adult prevalence estimate: Kessler, R.C., et al. The 12-Month Prevalence and Correlates of Serious Mental Illness (SMI). Mental Health, United States, 1996. U.S. Department of Health and Human Services pp. 59-70.
** Source for Child prevalence estimate: Friedman, R.M. et al. Prevalence of Serious Emotional Disturbance in Children and Adolescents. Mental Health, United States, 1996. U.S. Department of Health and Human Services pp 71-89.

Please note: Louisiana uses the designation SMI for what is more usually referred to as SPMI.
SMI (SPMI) is a national designation that includes only those individuals suffering from the most severe forms of mental illness. Those who have all types of mental illness would increase the population figures, but would not increase the numbers of individuals served since Louisiana's facilities are designated to serve those with SMI (SPMI).

CRITERION 2
MENTAL HEALTH SYSTEM DATA EPIDEMIOLOGY – QUANTITATIVE TARGETS
FY 2009 – Child/Youth

Setting quantitative goals to be achieved for the numbers of children and youth who are emotionally or behaviorally disturbed to be served in the public mental health system is a key requirement of the mental health block grant law, and relates directly to the *President's New Freedom Commission* Goal # 4, Early Mental Health Screening, Assessment, & Referral to Services are Common Practice.

The Office of Mental Health has set a goal to increase access to mental health services to persons with SMI / EBD. Quantitatively, this means increasing the numbers of new admissions of persons with SMI / EBD. Quantitative targets relate to the National Outcome Measure (NOMS) Performance Indicator "Increased Access to Services." Louisiana reported this indicator in the past as the percentage of prevalence of children and youth who are emotionally or behaviorally disturbed who receive mental health services from the Office of Mental Health during the fiscal year. The measure of the NOMS is now being requested to be reported as simply the number of persons who have a mental illness and receive services.

Previously, the measure was reported as a percentage:

- Numerator: Estimated unduplicated count of children / youth who have serious mental illness and who receive mental health services during the fiscal year (7/1-6/30) in an OMH community or inpatient setting.
- Denominator: Estimated prevalence of children / youth in Louisiana with serious mental illness during a twelve month period.

These figures for each of the preceding four years were:

FY 2004 3,571 / 109,975 X 100 = 3.25%
FY 2005 3,765 / 109,975 X 100 = 3.43%
FY 2006 3,552 / 85,223 X 100 = 4.17%
FY 2007 4,286 / 97,160 X 100 = 4.41%

Due to the hurricanes, the population figures may be invalid. Perhaps more than any other criteria, the Indicators for Criterion #2 continue to be the most difficult to predict or plan for. Post-hurricanes, there is simply no baseline upon which to estimate the outcomes for this Criterion.

- For specific information on the quantitative targets that are now reported only as the unduplicated count of children and youth (i.e., the Numerator only) who have an emotional or behavioral disturbance and who receive mental health services during the fiscal year (7/1-6/30) in an OMH community or inpatient setting see the Performance Indicator section of this document.

CRITERION 3
CHILDREN'S SERVICES -- SYSTEM OF INTEGRATED SERVICES
FY 2009 – Child/Youth

EMERGENCY RESPONSE

Louisiana Spirit Hurricane Recovery Crisis Counseling Program - Child and Youth Services

Louisiana Spirit is the project name of Louisiana's hurricane crisis counseling recovery program that began after the 2005 hurricanes. It provides short-term, community-based crisis intervention, support, and referral services to individuals and families impacted by Hurricanes Katrina and Rita. The Office of Mental Health provides administrative oversight and guidance for this program; direct services are provided by contract organizations covering designated parishes. In the Metro Orleans area, services are currently provided via a quasi-state entity known as the Metro Crisis Counseling Program (CCP)

The various providers have specialized children's teams reaching out into the impacted communities. These outreach crisis counselors provide education and information to parents and caregivers about signs of distress to be aware of in children as well as how to handle them and referrals to appropriate Mental Health resources. On a present-focused, short-term basis, children, youth, parents and caregivers are supported and empowered as they recover from the impact.

Louisiana Spirit outreach crisis counseling services for children and youth include disseminating information and educating the public on signs of distress and how to handle these. It can also include a short term series of face to face meetings with children, youth and their families focused on assisting the family to cope with their trauma and return to their previous levels of coping. Although outreach crisis counseling services are community based, the services are not appropriate for life threatening or mandated reporting situations.

In the last year, many of the children being provided Crisis Counseling Program Services have transitioned into Specialized Crisis Counseling Services (SCCS) to assist in meeting their ongoing psychosocial and educational needs. Counselors provide basic psycho-education sessions on coping, problem solving, social skills, anger management, trauma reactions, conflict management, adjustment, and other identified skills development areas of which children require more intensive support.

Specialized Crisis Counseling has been instrumental in focusing counseling and resource linkage efforts on specific needs of children and their families. This program has afforded children and their families' opportunities to deal more assertively with the various problems that are hurricane related or problems that have been exacerbated by the hurricane experience. The approach by counselors and resource linkage coordinators has been one of a strengths-based, empowerment and solution-focused approach. Children and their families are taught the necessary skills needed to deal effectively with the various problems they present with and how to work on manageable goals that will enhance their current overall wellbeing while moving them closer to improved psychosocial and emotional recovery.

Louisiana Spirit seeks to "communicate, coordinate, collaborate, cooperate*" with other agencies providing mental and behavioral health services to children and youth (*used by the VOADs groups -

Volunteer Organizations Active in Disasters). Louisiana Spirit reaches out to entities providing services to children and youth to offer crisis counseling services on a short-term basis. When more intense mental health treatment is appropriate, referrals are made to these entities by Louisiana Spirit. Child and youth agency providers are also referring children and youth needing crisis counseling and support to Louisiana Spirit.

Outreach workers and crisis counselors have reached out to children in a variety of places since the inception of the program. Some of the places included: the FEMA transitional living sites, schools, after school programs, summer camp programs, library summer reading & activity programs, summer youth activities such as ball parks, fairs and festivals that included children's activities and issues, church youth groups, organizations like scouting, boys and girls clubs. Methods have included: playful activities around handling intense emotions like fear, anxiety, anger, sadness. Instruction on the connections between thoughts, feelings and behaviors and how to make changes in one to impact another has been a focus. Some of the children report using their 'magic triangle' of thoughts, feelings and behaviors to manage their feelings and behaviors; they frequently hold their thumbs and forefingers in a triangle shape as a portable visual reminder.

Federal funding for Louisiana Spirit program from FEMA will be ending December 31, 2008. This has been one of the longest FEMA funded crisis counseling programs after a disaster.

SOCIAL SERVICES
FY 2009 – Child/Youth

The Children's Cabinet is a policy office in the Office of the Governor created by Act 5 of the 1998 Extraordinary Session of the Louisiana Legislature. The cabinet is comprised of the Secretaries of Health, Social Services, Education, Labor, and Corrections; a representative from the Supreme Court, the Senate, and the House of Representatives. The mission of the Children's Cabinet is to produce measurable improvements for children in: Education, Health Care, and Family Life. The Cabinet's primary function is to coordinate children's policy across the five departments that provide services for young people: Departments of Education, Health and Hospitals, Labor, Public Safety and Corrections, and Social Services. Policy focuses on transforming the mental health system in this state. Each year, the Cabinet makes recommendations to the Governor on funding priorities for new and expanded programs for children and youth. These programs emphasize the *President's New Freedom Commission on Mental Health* goals to have disparities in mental health services eliminated and to ensure that mental health care is consumer and family driven. The Cabinet is responsible for recommendations to the Children's Budget, a separate section of the General Appropriation Act enacted by the Legislature. The Children's Budget includes a compilation and listing of all appropriations contained in the Act which fund services and programs for children and their families. The Children's Cabinet Advisory Board was created to provide information and recommendations from the perspective of advocacy groups, service providers, and parents to the Children's Cabinet.

Interagency collaboration through the Interagency Service Coordination (ISC) Program is defined as "formal arrangements" between child serving agencies. Ten Local Governing Entities (Regions/Districts) Interagency Service Coordination teams are currently operating in Louisiana. These teams include permanent members who make recommendations that may resolve problems with service delivery for children who have unique needs that are difficult to meet. Team members include mental health, education, developmental disabilities, child welfare, public health, and juvenile justice. Other members of a team include the parent/caretaker, child/youth whenever

appropriate, and other key person's involved in the child and family's life and services. The local teams may request assistance from the State Interagency Team for individuals who require resources unavailable to the local ISCs. In the fiscal year 07-08, ISC teams served an estimated 300 youth. Many of the families served reside in rural areas with few mental health and other resources, and the agencies coordinate to improve access to quality care in many ways including video conferencing, coordinated services, and educating families where and how to get care.

There is an increase in youth with multiple needs who are developmentally delayed, mentally ill, chemically addicted and who are living in poverty. More juvenile judges are ordering local ISC teams to meet and collaborate with other agencies to create appropriate placements where there are none. Approximately 95% of the ISC service plans successfully provide a stable placement and wraparound services to maintain the individual in the community. Those plans that failed required additional local ISC and State ISC meetings to locate and create appropriate resources to meet the needs of these youth.

The Families In Need of Services (FINS) became effective in all courts having juvenile jurisdiction on July 1, 1994, as Title VII of the Louisiana Children's Code. FINS is an approach designed to bring together coordinated community resources for the purpose of helping families (troubled youth and their parents) to remedy self destructive behaviors by juveniles and/or other family members. The goals of FINS are to reduce formal juvenile court involvement while generating appropriate community services to benefit the child and improve family relations. The child and family are not adjudicated unless there is failure by family members to cooperate with the mandates of the service plan. FINS has been successful in the following ways: 1) facilitating the receipt of needed services, 2) coordinating the cooperation of the community and its resources, and 3) decreasing involvement in the Judicial System.

FINS parallels Interagency Service Coordination (ISC) by creating an opportunity for all agencies to pool resources to decrease illegal behavior by youth. FINS and ISC combine their efforts to create unique plans for youth and push to transform the existing system of care. OMH participates in these interagency meetings as one means of decreasing the high profile, high risk court cases tracked by the Juvenile Justice Clearinghouse.

EDUCATIONAL SERVICES, INCLUDING SERVICES PROVIDED UNDER IDEA
FY 2009 – Child/Youth

OMH has always been a supporter of school-based mental health and health-related services in academic settings. OMH has a Memorandum of Understanding with the Special School District #1 of the Department of Education to provide educational services to children and youth hospitalized in an OMH facility. Families Helping Families, under contract to OMH, assists parents in preparation for and participation in the Individual Education Plan (IEP) process.

In 1990, as policy makers became concerned about the high morbidity and mortality rates of adolescents, the Legislature asked the Office of Public Health (OPH) to determine the feasibility of opening school-based health centers. Subsequently, the Adolescent School Health Initiative was enacted in 1991 under Governor Buddy Roemer. This Act authorized OPH to facilitate and encourage the development of comprehensive school-based health centers in public schools.

The role of the Office of Public Health's Adolescent School Health Program is to provide technical assistance to School Based Health Centers (SBHCs); establish and monitor compliance with standards, policies, and guidelines for school health center operation; provide financial assistance; and encourage collaboration with other agencies and other potential funding sources.

A SBHC provides convenient access to comprehensive, primary and preventive physical and mental health services for public school students at the school site. Students spend a significant portion of their day on school grounds. SBHCs are accessible, convenient, encourage family and community involvement, reduce student absenteeism, reduce parental leave from work for doctor visits, and work with school personnel to meet the needs of the students and their families.

SBHCs in Louisiana follow the Principles, Standards and Guidelines for SBHCs in Louisiana. Parental consent must be obtained prior to seeing a student as a patient. The Adolescent School Health Initiative Act (R.S. 40:31.3) authorizes the Office of Public Health to facilitate and encourage the development of comprehensive health centers in Louisiana public schools. It specifically prohibits counseling or advocating for abortion and the distribution of contraception.

Staffing in the SBHC include, at a minimum:

- Primary Care Provider (Physician, Physician Assistant, or Nurse Practitioner)
- Physician Medical Director
- Registered Nurse
- Master's Level Mental Health Provider
- Administrator
- Office Assistant

Services include:

- Primary and preventive health care including, comprehensive exams, and sports physicals, immunizations, health screenings, acute care for minor illness and injury, and management of chronic diseases such as asthma
- Mental health services
- Health education and prevention programs
- Case management
- Dental services
- Referral to specialty care
- Louisiana Children's Health Insurance Program (LaCHIP) application centers

Louisiana is in the forefront in the SBHC movement, with 69 SBHCs in 26 Parishes serving 86 public schools and providing access to over 60,000 students in the 2007-08 school year.

In 2006-2007, 38,637 students were registered at SBHCs; 24,945 students received Services at SBHCs; there were 120,303 total individual visits; 4.8 average number of visits per student; and 4,704 total visits for group counseling. The number of conditions seen at SBHCs included mental health at 28,546.

OMH recognizes the important of early intervention in a variety of settings (e.g., school) as outlined in the *President's New Freedom Commission* Goal #4 which addresses early mental health screening, assessment, and referral to services.

School involvement continues to play a very crucial role in the Early Childhood Services and Supports (ECSS) program. A very strong relationship exists with pre-school and pre-K classrooms, which is a major source of referrals in all nine ECSS sites serving thirteen parishes.

OMH staff facilitates access to emergency and evaluative mental health services for referrals from SBHC social work staff as part of OMH collaborative efforts. SBHCs have followed up with OMH's recommended in-school mental health counseling for elementary, middle, and high school students and / or their parents that are not eligible for early mental health intervention services in OMH clinics. OMH and OPH encourage their clinical staff to attend appropriate training and educational programs by OPH or OMH. LSU School of Psychiatry has provided psychiatry services to SBHCs in New Orleans. OMH has also funded the LSU School of Psychiatry to offer services to SBHCs.

OMH Southeast Louisiana State Hospital has an agreement with the St. Tammany School System that allows adolescents in the Developmental Neuropsychiatric Program (DNP) to attend public school with an accompanying behavior shaping specialist. The "Evolutions Program" at Greenwell Springs Campus in the Eastern Louisiana Mental Health System has a Special School District #1 (SSD1) with close ties to the East Baton Rouge and surrounding parish school systems for referrals and support. New Orleans Adolescent Hospital and Central Louisiana State Hospital also have SSD#1 programs that have been involved to some extent with the local school systems.

The natural disasters of 2005 virtually destroyed the school systems in several parishes. One estimate noted approximately 500 schools being damaged as well as 80 being destroyed. The Department of Education eventually re-opened schools in stages as facilities were repaired and faculty and staff became available in the New Orleans area. While mental health services in schools were important to OMH, Louisiana Spirit, through the Office of Mental Health, was a major participant in the mental health recovery of educational staff, students, and their families.

The Office of Public Health received foundation grant money in order to set up more school-based clinics in New Orleans. Louisiana Spirit partnered with Department of Education's (DOE) Project SERV in the schools in the year after the hurricanes. Louisiana Spirit staff reached out to schools, parents, teachers and children impacted by the storm throughout the State with varying degrees of access. Services offered have included, but were not limited to:

- Providing school-based, short-term, psycho-educational topical group sessions for impacted children ages 6-12;
- Providing school-based, short-term, focused, and goal-directed group sessions for adolescents;
- Providing psycho-educational groups for faculty, staff and/or parents on topics such as stress management, crisis intervention, trauma and grief and loss;
- Puppet shows on hurricane preparedness for PK & K classes;
- Working with individual students identified by staff on a short-term basis in the schools;
- Referrals to more intensive mental health services as indicated

MHSD has expanded its child and adolescent services in school-based programs within SBHCs. MHSD staff have worked in elementary and high schools, and provided as needed, emergency services to several RSD schools. MHSD expanded its presence in SBHCs by working in additional SBHCs. Through funding from the School Health Connection Program, MHSD obtained the services of a .5 FTE child psychiatrist who will work across the 4 SBHCs. This individual provides

consultation to RSD and other schools in the MHSD area, and will provide psychiatric backup to crisis situations within area schools. The Kellogg Foundation provided money for 6 additional SBHCs in the New Orleans metropolitan area. To date, a clinic was funded in Jefferson Parish and Chalmette in St. Bernard Parish. A third location was being negotiated in Algiers, but it did not come to fruition due to legal technicalities.

As Louisiana moves forward with statewide implementation of Positive Behavior Support (PBS), schools will need the expertise of Social Workers and Psychologists. This approach (PBS) is proven to positively impact a school climate when implemented with fidelity. The vision of the Louisiana Department of Education is to "create a world class education system for all students in Louisiana." With that vision in mind, DOE is going to provide a training opportunity on PBS in August and September 2008.

It is clear that many of the school and educational related initiatives discussed previously are evidence of the integration of public mental health services with educational services for children and youth with disabilities. Louisiana is grounded in the approach to education of students with disabilities on the principle that *all children can learn.* The Louisiana school system is in full compliance with the Individuals with Disabilities Education Act (IDEA), and subsequent amendments to the IDEA under P.L. 105-117.

In order to address the IDEA amendments in Louisiana, many significant changes were made in education policies and procedures. For example, an alternative curriculum was allowed in the past for those students who were unable to meet all the requirements of the general education curriculum. However, in February 1998, the Louisiana Department of Education issued a new Individualized Educational Plan (IEP) form which does not allow for the placement of students into an Alternative to Regular Placement Program. All IEPs written after July 1, 1998 are documented on a standard form and all programs must reflect access to the general education curriculum.

It is recognized that poor social and emotional skills as well as illiteracy, predict early school failure. Literacy interventions specific for children with EBD must begin as early as possible in care and learning settings. Early literacy strategies integrated with strategies to promote social and emotional skills impact school success and emotional development.

Since the implementation of the IDEA Act in 1998, for instance, the school system in Region V has implemented services to support the principle that all children can learn, if schools provide the appropriate modifications. Children and youth with EBD have more effective behavior plans with adequate and reasonable accommodations. The school system has also piloted a pre-GED certificate program. The purpose of the program is to keep children and youth in school and provide a meaningful program for them. IEP Plans for EBD children must now include Positive Behavior Support. Advocacy groups including Families Helping Families, Federation of Families, and Family Support Liaisons actively work with parents and schools to achieve success with this program. The new IDEA states that youth with EBD are capable of and should be able to receive high school diplomas. The rationale being that EBD youth do not necessarily have cognitive disorders, and therefore with appropriate accommodations can earn a diploma. The development of Alternative Schools and Structured Learning Programs (SLP) in alternative school settings allow middle and high school students with EBD to receive intensive services to modify the behaviors that interfere with the individual's ability to learn. Similarly, on elementary school campuses, there is a Structured Learning Class (SLC) where children with EBD are placed with additional resources available to them.

According to a local Families Helping Families chapter, IDEA was reauthorized in 2004; however, there were no significant changes. There are reportedly no new programs or services as a result of this reauthorization. It basically consisted of definition clarification (e.g., least restrictive environment, etc.) and also provides slightly more decision-making to the parents in the IEP process. According to local Families Helping Families staff, these changes have recently been implemented in the schools.

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IDEA-Related Supports by Region / LGE

MHSD:

The efforts of the Orleans Parish School Board designed to address IDEA include:

- Social work positions to aid in student assessment, implement programming, support families and school personnel, and follow the progress of students on an ongoing basis
- The provision of training and technical assistance regarding behavioral management on an on-going basis
- The availability of alternative settings to improve the quality of education, particularly focusing on social skills training and transition planning to help students move back into their neighborhood schools
- The emphasis on least restrictive educational settings and increasing by 11% the least restrictive environment (LRE) educational settings of students
- The majority of students who are classified as emotionally disturbed (ED) will attend literacy classes with their non-identified peers beginning this year
- The capacity of schools to work with students classified as ED will be enhanced, in collaboration with Louisiana Significant Improvement Grant personnel (LASIG) providing training and technical assistance regarding school wide positive behavior supports (PBS). PBS helps a school develop a behavioral plan based on actual data, emphasizing teaching student expectations, developing systems for positive programming that focus on students and staff who meet expectations, focusing learning replacement behaviors, and making discipline the result of collaborations of all key stakeholders. PBS supports all students in school settings using individual plans to support students with the most challenging behaviors.

CAHSD:

CAHSD works with all school boards to provide the following services:

- Free Appropriate Public Education (FAPE)
- Individualized Education Program (IEP)
- Least Restrictive Environment (LRE)
- Listening devices and computers
- Keyboard, recorders, communication board, adaptive technology
- Sign language/cued speech enhancement software, Braille
- Taped notes, teacher's notes
- Classroom recommendation
- Family Liaison for CAHSD attends all IEP, 504, and expulsion hearings.
- CAHSD has fifteen school-based mental health therapists in all seven parishes to help and provide technical assistance in the formulation of educational plans.
- School-based social workers who are housed in schools and attends SBLC or any other activities relating to IDEA and advocacy issues. The parent advocate also attends all meetings and at times as well as a mental health advocacy attorney.
- Families Helping Families and Federation of Families in also involved in the above-mentioned endeavor
- ISC / FINS meetings are often held for the benefits of the children.

Region III:

School Systems have developed policies/program/procedures to:

- Provide meaningful and personalized assessments
- Use a team approach, with collaboration between general and special education personnel and parents
- Involve all stakeholders
- Provide adequate funding and support
- Provide programs that assist children in the school system which includes ECSS, which provide early intervention and assessment, ISC meeting which consist of several state agencies developing a family plan to provide wrap around services to children and their families. There are several programs that mental health provides community support to children in the school system; ACT provides intensive mental health services, CART provides crisis services, family preservation provides intensive family service, Family Mentoring services assist families in the school system that provides support to parents that are having problems getting services, and after school referral program that provides a safe haven for children referred from the school system and mental health.
- As of last writing, there were three programs serving Region III consisting of SBHC. Lafourche Parish Pupil Appraisal Office coordinates services with Lafourche Mental Health Clinic to provide school based mental health services. Psych. evaluations and follow-up appointments are also conducted. River Parishes Mental Health Center provides a social worker who coordinates services with River Parishes School Based Mental Health program. Services are funded by mental health and the school system. River Parishes Mental Health Center also receives serves from LSU School of Psychiatry regarding school based mental health services to St. John, St. James and St. Charles parishes.
- Lafourche Parish School Board - services that center around the mental health well-being of the child, their family, and their educational progress. They offer the following services:

Discrete planned interventions, crisis intervention, structured learning centers, day treatment programs, school based psychiatric services, school re-entry planning, transition services, discipline support, and school-wide positive behavioral supports.

Region IV:

- Family Team IEP Meetings as needed with child and family in order to advocate for the educational and emotional needs of the child in the school plan; team members include mental health clinical staff and families helping families.
- IEP Meetings and Hearings
- Individualized plan to meet the needs of the child (specific needs to maintain school achievement and placement)
- One on one supervision at recess and in the classroom
- Prepare individualized needed learning materials
- Extended time for tests
- Accommodations for any handicaps
- Behavior plans with positive behavior support and incentives

Region V:

- Since the implementation of IDEA Act in 1998, the school system in Region V has gradually implemented many services/strategies to support the principle that *all children can learn*, if schools provide the appropriate modifications. The children and youth who are currently in Special Education have more protection than ever before. Children and youth with Emotional/ Behavior Disorders (EBD) have more effective behavior plans with adequate and reasonable accommodations. The school system piloted the pre-GED certificate program. The purpose of the program was to keep children and youth in school and provide a meaningful program for them. IEP Plans for EBD children must now include Positive Behavior Support. Advocacy groups including Families Helping Families, Federation of Families, and Family Support Liaisons have been actively working with parents and schools to achieve success with this program. The new IDEA states that youth with EBD are capable of and should be able to receive high school diplomas. The rationale being that EBD youth do not necessarily have *cognitive disorders*, and therefore with appropriate accommodations can earn a diploma. The development of Alternative Schools and Structured Learning Programs (SLP) in alternative school settings allow middle and high school students with EBD to receive intensive services to modify the behaviors that interfere with the individual's ability to learn. Similarly, on elementary school campuses, there is a Structured Learning Class (SLC) where children with EBD are placed with additional resources available to them. Also in Calcasieu Parish, the school board has contracted with Family and Youth Counseling Agency to provide counseling to C/Y with EBD and their families when needed.
- Region V has a contract(s) to provide school-based mental health services in 12 schools. The counselors and social workers provide counseling as well as helping identify the special needs of C/Y.

Region VI:

- The local schools provide a variety of services and accommodations under IDEA to children in need of specialized services.

Region VII:

- Services provided include: free appropriate education (FAPE), individual education program/placement process, students served in the least restrictive setting, provision of IDEA funds to children with disabilities enrolled in private school, identification, evaluation and service provision to children suspected of being disabled, personnel development, and Child Net, Child Find and Transition Services.

Region VIII:

- All schools serve those children with special needs by providing education, evaluation, and re-evaluation for those children who are currently being served. Occupational therapy, adaptive physical education, speech therapy, and any other services necessary are available to insure the education of every child with special needs.
- IDEA ensures that every student in need of special services has access to a free appropriate education, whether their needs be physical modifications in the classroom, teaching methods adapted to their mode of learning, or behavior modifications in the classroom. Arrangements are made so that every child served by special education reaches his goal, as indicated on his individualized education plan.

FPHSA:

- The local schools provide a variety of services and accommodations under IDEA to children in need of specialized services. These include the use of the least restrictive environment and behavioral plans addressed in the IEPs to facilitate remaining in this environment. OT and speech therapy are provided in the schools. There are school-based health clinics in St. Helena Parish and Bogalusa City Schools with social workers available to address learning needs. The schools are actively involved in the ISC process to work towards keeping children with multiple needs in the classroom. Northshore Families Helping Families provide trainings for professionals and parents on what IDEA is and ways for parents to advocate for their children Also, St. Tammany Parish has incorporated an evaluation system to address threats of self-harm and/or violence to others in order to ensure these individuals receive the help they need based on behaviors exhibited. Finally, the schools in St. Tammany Parish and Florida Parishes Human Services Authority have actively participated in the Early Childhood Supports and Services Panel in identifying at risk children and implementing interventions to address these risk factors prior to age six.

JPHSA:

- 504 Modifications and a variety of special education services are offered.

JUVENILE JUSTICE SERVICES
FY 2009 – Child/Youth

The Juvenile Justice Clearinghouse project was created the fall of 1997 in order to develop a less adversarial and more cooperative relationship with the court by providing a more consistent and organized response from the Department of Health and Hospitals to the juvenile courts' orders and requests. These juveniles are high-profile, high-risk court cases with multiple diagnoses (psychiatric disorders, developmental disabilities, substance abuse, and/or major medical issues) and require services from multiple state departments or agencies. This project advances access to and accountability for mental health services to youth.

The DHH Juvenile Justice Clearinghouse does not have access to funding, nor does it perform any clinical or program function. Its purpose is to assist in the implementation and coordination of services and programs already in place throughout the state and to encourage agencies to combine resources and create unique plans for placement of youth who fail to fit into the existing system of care. This effort requires a fundamental transformation in the state's approach to mental health care for these youth.

It has been long recognized that many of the state's youth are entering the judicial system with undiagnosed or unaddressed mental health concerns. There has been numerous attempts to remedy this situation, which includes mental health screenings upon initial contact with the juvenile justice system as well as attempts to develop and implement electronic health or other record systems and universal databases; many of these types of systems are still under study, development, and review. This would be consistent with the President's New Freedom Commission Goal #4, which addresses early mental health screening, assessment, and referral to services. It is also important to note the *President's New Freedom Commission* Goal #6 in that technology is used to access mental health care and information.

Since its inception, the DHH Clearinghouse has tracked and coordinated DHH actions regarding over 400 high-profile juvenile court cases. Some progress toward a better understanding of agencies resources, current policies and procedures, systemic concerns, and potential problems has occurred between the juvenile courts and DHH agencies. Through the Interagency Service Coordination (ISC) and Families in Need of Services (FINS), the DHH agencies, Office of Family Services, Office of Youth Development, Department of Education, and juvenile courts are beginning to plan more effectively for placement and development of community resources to keep children out of institutions.

SUBSTANCE ABUSE SERVICES
FY 2009 – Child/Youth

NOTE: Please refer to Criterion 1 of the Child/Youth section on Services for Persons with Co-Occurring Disorders (substance abuse/mental health) for information on this topic.

HEALTH AND MENTAL HEALTH SERVICES
FY 2009 – Child/Youth

The Office of Mental Health (OMH) has informally collaborated with the Office of Public Health (OPH) in providing consultation, monitoring and assuring quality health and mental care in state funded school-based health centers across Louisiana. OMH has also participated in OPH's rigorous on-site quality assurance reviews of SBHCs; this involves chart audits, clinic inspections, and policy and procedure review. This partnership is reflective of the *President's New Freedom Commission* Goal #1 which addresses that Americans' understand that mental health is essential to overall health.

Local OMH clinical staff expedites access to emergency and evaluative mental health services for referrals from SBHC social work staff as part of OMH's informal collaborative efforts. SBHCs have followed up with OMH's recommended in-school mental health counseling for elementary, middle, and high school students and / or their parents that are not eligible for early mental health intervention services in OMH clinics. OMH and OPH encourage their clinical staff to attend appropriate training and educational programs by OPH or OMH.

OMH, the Office of Developmental Disabilities (OCDD), Medicaid, and the Bureau of Community Supports and Services also have an MOU to provide wraparound Medicaid waiver supports and services to youth that have both a developmental disability and a mental illness.

The Early Childhood Supports and Services (ECSS) program is a multi-agency prevention and intervention program that promotes a positive environment for learning, growth, and relationship building for children. ECSS serves children from birth through 5 years of age and their families who have been identified as at risk for developing social, emotional, and/or developmental problems. Risk factors include abuse, neglect, and exposure to violence, parental mental illness, parental substance abuse, poverty, and having developmental disabilities. ECSS is an excellent example of the *President's New Freedom Commission* Goal #4 which addresses early mental health screening, assessment, and referral to services.

ECSS provided Intensive Mental Health training to 21 service providers to provide infant mental health intervention to children 0 through 5 in nine sites providing services in thirteen parishes. ECSS screened 3,153 children between the ages of 0 through 5 for risk factors that may lead to social/emotional problems later in life. ECSS developed 938 multi-agency service plans for children and their families between the ages of 0 through 5 in the 13 parishes ECSS serves. There are upcoming negotiations to expand to Alexandria, Lake Charles, and Jefferson Parish. ECSS referred 717 children to our infant mental health teams for assessment and possible infant mental health intervention.

ECSS purchased through emergency intervention funds services or supports for families in the amount of $258,013.08 that was otherwise not available in the community where purchased. ECSS expanded the service delivery area from six sites providing services in six parishes to nine sites providing services in thirteen parishes. ECSS has expanded to serve the Delta Region of the State, known as Louisiana's most impoverished area.

ECSS joins local public, private, and non-profit agencies and organizations into Networks that provide coordinated, cross-agency screening, evaluation, referral, and treatment. Local ECSS

Networks include collaboration between the DHH Office of Mental Health, the Department of Social Services, and the Office of Family Services. Other agencies participating in the networks include Head Start, Early Head Start, local school systems, Department of Education, and the DHH Offices of Public Health, Addictive Disorders, and Citizens with Developmental Disabilities. Elements of the ECSS Program include integrated and comprehensive local systems of care for young children, early identification and intervention, state and local collaboration, healthy brain development, and school readiness.

ECSS provides infant mental health screening and assessment, counseling, therapy, child abuse and domestic violence prevention, case management, behavior modification, parent support groups, and use of emergency intervention funds to purchase supports and services that are not otherwise available. ECSS also serves to build the infrastructure of the Parishes it serves by training human services professionals, agency personnel, educational and childcare personnel as well as family members and advocates in the specialized area of Infant Mental Health assessment and intervention.

The Children's Initiative Grant (LA-Y.E.S. Consortium and System of Care) incorporates a comprehensive and coordinated system of care for children with mental disorders. LA-Y.E.S. provides a community-based service system that is family driven and culturally and linguistically competent. It has an Administrative Service Organization (ASO) that provides systems integration via direct care management services utilizing wraparound principles and practices, and the development, training, regulation, and monitoring of a Provider Network.

Part I

The Network's array of mental health, social, and support services is governed by the family-driven LA-Y.E.S. Consortium and supports its goals of: providing culturally and linguistically competent social services; involving families in all levels of the delivery system; increasing access to services by the target population; developing a comprehensive system of care; generalizing evidence-based practices; providing early childhood intervention and prevention of emotional and behavioral problems; facilitating the provision of a broad array of mental health and other related services, treatments, and supports utilizing wraparound principles and practices; and increasing awareness that mental illness affects children, adolescents and youth transitioning to adult systems. The System of Care seeks to reduce racial and ethnic disparities, fragmentation of services, an over-reliance on end-stage care, a lack of coverage, and agency-focused rather than child-centered care. LA-Y.E.S. is in partnership with the Department of Health and Hospitals Office of Mental Health and a community-based Consortium for youth with serious emotional and behavior disorders and their families, public and non-profit child-serving agencies, advocates, and public officials. This Consortium has come together for the well being of children to address issues of capacity, the desire for quality services, and the demand for total systems' reform. Since its inception in 2004, the Consortium continues to weave partnerships with the care community and child and family serving organizations. LA-Y.E.S. energizes families and care providers to confront the challenges accessing and linking various services, supports and agency systems to create a more efficient, personable and user-friendly System of Care. If identified systems problems are not addressed, children and families may not be served until their problems become severe. Available services would continue to be high cost institutionalized settings such as jails/detention facilities, in-patient hospitals and developmental centers. The long-standing cycle would perpetuate itself, with low income families and children paying the largest price for inaccessible healthcare, resulting in quality of life losses, increased societal cost and increasing numbers of youth and their families excluded from earlier treatment. Louisiana is at a point of minimal return unless it reforms its system of care.

Due to Louisiana's monumental need for systems reform, the Office of Juvenile Justice (OJJ), formerly the Office of Youth Development (OYD), began implementation of a plan to address juvenile justice reform and adopt models of change, as well as evidence based interventions. Multi-systemic Therapy (MST) is one such evidence based therapy that is provided by members of the LA-Y.E.S. Provider Network, and specifically recommended by OJS. This evidence-based practice, now adopted by the Louisiana Office of Mental Health, was designed to work with youngsters to alter the trajectory away from incarceration toward adaptive functioning in society. MST is a choice intervention as youth with behavioral and emotional disorders and juvenile justice involvement account for a significant percentage of LA-Y.E.S.' referral base. Other evidence based interventions delivered by LA-Y.E.S. Provider Network include cognitive behavior therapy, and trauma focused cognitive behavior therapy.

Part II

Nearing the end of the fifth year of the grant, LA-Y.E.S. has achieved several major milestones. Although the project continues to move toward meeting all our goals and objectives, the impact of Hurricane Katrina in August 2005 continues to pose major infrastructural and systems issues that are unique to communities that are rebuilding in the affected parishes. The high level of structural reorganization, community and organizational development, loss of mental health professionals, agency personnel changes, as well as mental and behavioral health needs of the families and children are continually being assessed and changes made accordingly. LA-Y.E.S. project accomplishments include:

1. The Administrative Services Organization infrastructure has experienced a steady development while operating in a post-Katrina environment:
2. The project began service delivery in Orleans Parish in December 2004; approximately 265 youth have received services from January 2006 when the program returned to the New Orleans area until the end of July 2008.
3. At the end of the fifth year of the grant, the project delivered services to roughly 385 children and families in a five-parish area in and around New Orleans, LA and has substantially implemented expansion of services to the remaining two parishes (St. Tammany and St. Bernard) in its target area.
4. Because the majority of the initial 80 community-based services providers were also displaced as a result of Katrina, the provider network had to be reestablished. Since July 2006, over 40 community-based service providers have been credentialed and contracted to provide services to the enrolled children and families.
5. The project has developed new relationships and potential contracting agreements with local charter schools, the Fleur de Lis program, LSU Occupational Therapy department, Tulane University School of Social Work, and other service providers through grassroots efforts**.**
6. The Project has established the LA-Y.E.S Training Institute, which provides training and continuing education units to providers and community stakeholders.
7. The project has finalized and is currently implementing over 30 Memoranda of Understanding with community agencies and public institutions to expand service delivery capacity and administrative capabilities.
8. The project has solidified working relationships with several family-based grassroots organizations including the Federation of Families for Children's Mental Health, Families Helping Families, the Louisiana Children's Museum, the Children's Defense Fund, and others.

a. The Federation will provide, through a contract, staffing for family evaluation activities and mentoring support for families completing the Individual Service Planning process.
b. Utilizing a supplemental grant from SAMHSA, LA-Y.E.S. has partnered with the Federation and the Louisiana Children's Museum to provide Saturday family involvement activities for 60 families.
c. The families receive training provided by Vee Boyd, Executive Director of the Louisiana Federation of Families.

9. Electronic data systems have been developed to support the intake process, the service authorization process, the credentialing and contracting process, and the evaluation process.
10. The project has hired approximately 90% of the planned staff and Consortium support personnel.
11. Fiscal intermediary contracts were finalized to pay service claims and to manage flexible funding budgets for each child and family. This process has effectively served the needs of children with serious mental health problems and their families to receive timely community-based services in a child-centered approach.
12. The LA-Y.E.S. has recently implemented a School-Based initiative that targets students in charter schools in the greater New Orleans area.

    The LA-Y.E.S. School Based initiative is a three tiered system that provides overall training and support to students and educational staff members on identified issues, early intervention on a select group of students that can benefit from more training and services, and lastly intensive services to students whose needs cannot be solely met from the previous two interventions. This three tiered system approach has been implemented in 17 systems of care sites throughout the nation (Meeting the Mental Health Needs of the Student: School Based Positive Behavioral Supports within a System of Care, Sandra Keenan, Prepared for the NC SOC Conference December 4, 2007).

    LA-Y.E.S. has adopted this approach to address the need for mental health services in our school systems. LA-Y.E.S. has identified three schools in which this model will be implemented because there appears to be a gap in the school based mental health service delivery system that provides services to students in need of mental health services. These identified schools are likewise interested in partnering with LA-Y.E.S. to implement screening, referral, and other support services for their students and families.

<u>Part III</u>

The LA-Y.E.S. Consortium convenes on a monthly basis and consists of a business meeting, guest speaker, and/or panel discussion. All of the five parishes have been represented at the Consortium meeting. At the parish level, Plaquemines and Jefferson parishes, also, hold monthly Consortium meetings. Since the latter part of 2007, the Consortium has made great strides in expansion of services:

- LA-Y.E.S Care Managers have begun providing services to clients in St. Tammany parish.
  - The Consortium Developer is becoming more involved in St. Tammany parish by attending various community meetings and contacting local mental health agency representatives in St. Tammany parish.
  - LA-Y.E.S is presently looking to identify a physical location for a LA-Y.E.S Care Manager to be stationed when providing services in St. Tammany.

    - St. Tammany parish service providers and community members meet monthly via the St. Tammany Parish Commission on Families.
- LA-Y.E.S Consortium Developer and ASO representatives have met with representatives in St. Bernard parish; key contacts have been identified with the St. Bernard Behavior Health Center and the local Headstart program. *Following the storm, it has been difficult for non-residents of the parish to enter into the community.*
    - LA-Y.E.S is presently looking to identify a physical location for a LA-Y.E.S Care Manager to be stationed when providing services in St. Bernard.
    - Service delivery has begun in St. Bernard parish and parish council meetings are slated to begin by September 2008.
- LA-Y.E.S ASO has met with representatives from Orleans Detention Alternative Program and plans to partner with the Juvenile Court Liaison to provide wraparound services to pre-adjudicated youth.
    - Orleans parish is in the beginning stages of organizing its parish level council; however, no leadership for the group has been identified.
- The Consortium training packet has been distributed to all parish representatives to ensure that all five parishes are identical and consistent in their design.
- In Plaquemines parish, the monthly parish council meetings have continued and there is an abundance of agency collaboration throughout the parish.
    - The contract between LA-Y.E.S and Plaquemines Parish Community C.A.R.E. Center ended in March 2008; however, service delivery has continued in the area.
    - Services have been initiated in Plaquemines Parish at the Plaquemines Parish Community CARE Center through utilization of the Noah's ARC mobile unit.
    - Parish council meetings will continue as before.
- Several key committees of the Consortium are organized and have begun functioning including:
  a. The Service Delivery Committee
  b. The Family Involvement Committee
  c. The Evaluation Committee
  d. The Cultural Competence Committee
  e. Communications Committee

The LA-Y.E.S. staff persons assigned to the committees are meeting with committee members and will develop a plan for the 2008-2009 project years.

The LA-Y.E.S Consortium will continue to serve as representation for LA-Y.E.S youth and families.

Part IV

The aforementioned areas are targets for increased implementation, and the plans presented reflect the implementation strategies that will be used to increase the project's overall effectiveness in meeting its goals and objectives to transform the way in which children's mental health services are provided in the five target parishes.

CRITERION 4
TARGETED SERVICES TO RURAL & HOMELESS POPULATIONS – OUTREACH TO HOMELESS
FY 2009 – Child/Youth

Years later, no discussion of homelessness in Louisiana can be undertaken without an acknowledgement of the devastation caused by Hurricanes Katrina and Rita. The disasters continue to have a tremendous impact on housing and homelessness in the state. This is particularly significant since the areas of the state that were the most directly hit by the storms were the areas that traditionally have the greatest population, and therefore the highest rates of homelessness, as well as the highest numbers of people with mental illness. State housing recovery efforts for affordable housing continue amidst a multiplicity of barriers including changes in development costs at all levels and local resistance to affordable housing development.

The State Department of Social Services is responsible for the state's Emergency Shelter Grant funds. As part of the Department's grantee responsibilities, the department surveys shelters and compiles an annual report on the unduplicated numbers served in shelters across the state. The Louisiana Interagency Action Council on Homelessness, member of the United States Interagency Council on Homelessness, publishes a biannual report using these figures as well as figures reported by the regional Continuums of Care. Used together these reports are significant because they capture an unduplicated annual count of the number of homeless served and because they capture the number of persons with co-occurring mental illness and addictive disorders.

According to the DSS Shelter Survey for 2007, there were 31,946 unduplicated total homeless in the state. Although New Orleans did not participate in the survey, there are reports of 12,000 in New Orleans. The 2007 DSS Shelter Survey information states that there were 1,580 children under the age of 5 and 2,952 between the ages 5 and 17.

The Projects to Assist in Transition from Homelessness (PATH) program of CMHS is targeted specifically towards those homeless persons with severe mental illness and/or severe mental illness with a co-occurring disorder. Louisiana's PATH program provides a significant amount of *outreach* activity as well as other support services. An unduplicated count of services provided by state PATH providers for 2006-2007 is included in our consideration of the number of homeless people with mental illness. In the annual PATH report, Louisiana's PATH providers report having served an unduplicated number of 4,977 (2007) persons who were literally homeless and have mental illness. While the PATH programs concentrate on adults with mental illness, their annual reporting figures indicate that 69 persons under the age of 18 were served in 2006-2007. Because prevalence rates indicate that 25-30% of those sheltered homeless suffer from serious mental illness and because experience suggests that persons with mental illness are underserved in the general shelter population and who are therefore not being counted in shelter surveys, it is reasonable to use the 30% figure when estimating number of homeless with mental illness.

Taking those factors into consideration, an estimate of the number of persons with mental illness, inclusive of those with co-occurring addictive disorders, who are homeless is approximately 13,184 persons, or 30% of the total homeless population as reported in the annual shelter survey.

One of the greatest needs in Louisiana is the creation of housing that is affordable to persons living on an income level that is comparable to that of SSI recipients. That is, housing that is aimed at those

individuals at and below 20% of Median Income. Supportive services necessary to assist an individual in remaining housed are also crucial. Of particular importance to families with children/youth with SED are funds to prevent homelessness such as emergency rental or utility assistance. Efforts to increase available and appropriate housing for persons with mental illness through training and recruitment of housing providers and developers and development and access to support services continues to be a priority.

As part of the Louisiana Road Home Recovery Plan, the Louisiana Recovery Authority (LRA) included in its plan the rebuilding of affordable housing in the areas most impacted by hurricanes Katrina and Rita. In its plan the state seeks to restore affordable housing in such a manner that avoids concentrations of poverty such as existed in the New Orleans area prior to the hurricanes. This is to be accomplished through a system of housing development funding incentives that encourage the creation of mixed income housing developments. Also included in this plan is the use of Permanent Supportive Housing as a model for housing and supports for people with special needs, such as people with disabilities. It is a model that provides for housing that is fully integrated into the community through setting aside, within each housing development built, a percentage of housing units for persons in special population categories and includes support services that are delivered in the individual's (or family's) home. Permanent Supportive Housing is a best practice model that allows the maximum amount of consumer choice. As such it is consistent with Goals 1 and 5 of the *New Freedom Initiative*. Families of children with emotional/behavioral disorders and youth aging out of foster care are included within the identified special needs population targeted for the supportive housing set aside units. The geographic areas targeted by this initiative include rural parishes in Regions 3, 4 and 5. The popularity of this effort recently resulted into an expansion of the Permanent Supportive Housing set aside model across the state. While this "rest of state" effort will not be supported by additional disaster related funding, it sets a precedent and expectation of inclusion in the housing development community. The services to be delivered to persons/families in the target population will be those services likely to help them maintain housing stability.

There are multiple providers of homeless programs in each area of the state. Each Region / LGE has a Homeless Coalition, an organization that addresses systems issues and coordinates services for the homeless. The Regional Homeless Coalitions incorporate a complete continuum of care for homeless clients from outreach services to placement in permanent housing. Both private and public agencies are members of these organizations. The programs provide outreach and/or shelter and housing services to the homeless, as well as substance abuse and mental health services. Services targeted to children, youth and their families who are homeless have been generally limited in the past, however, there have been strides to identify and improve a number of service gaps for children and youth who are homeless across the state.

A local non-profit in Baton Rouge, Church United for Community Development has applied for funding from US DHHS for Administration Children & Families Outreach Program. This will identify homeless youth up to 21 years-old that have been or at risk of sexual abuse or victimization/exploitation. It will assist in locating shelter space and services. CAHSD has supported the application and will provide mental health/substance abuse services to those youth meeting eligibility criteria as an in kind match for the grant application.

The Haven (domestic violence shelter), Beautiful Beginning (homeless shelter for families), and Gulf Coast Teaching Family Services provide outreach to homeless youth through their shelters and work with the families. START Corp. also works with families with SED children. The region would like

to expand their ability to assist these organizations through referral, case management, and enhanced respite but there are no funds for this at this time.

Runaway children and youth in Region III have been identified who are in need of housing, medical, mental health, and substance abuse services. The homeless coalition has developed a program (Gulf Coast Teaching Family Services) funded by HUD (Basic Center Grant Program) that provides outreach, respite care, individual and family counseling, and case management to runaway homeless children and youth. The goal is to unite the children and youth with their parents. Until that time, the needs of the families involved are provided by referral to substance abuse treatment, mental health counseling, and respite, as needed.

Another example exists in Region IV, where "Project Matrix" serves homeless families, including homeless children and youth. These and various other projects are funded through the Department of Housing and Urban Development's (HUD) Continuum of Care for the Homeless program.

In Region V, there is Education Treatment Council's Harbor House and Transitional Living Program (TLP). Harbor House is a temporary shelter (standard stay is < 45 days) for homeless youth. TLP is an 18 month, independent living program for homeless youth funded through HUD CoC. There is 24 hour staff but it is considered a minimal supervision program. Although TLP is not solely for youth with a mental health diagnosis, it is an option for transitional age youth with a mental health diagnosis as long as they meet their program criteria. They provide minimal outreach services as part of this program.

The issue of education for homeless children and youth is directly addressed in the McKinney-Vento State Plan for the education of homeless children and youth as amended by Title X, Part C of the No Child Left Behind Act of 2001, Public Law 107-110. Specific activities for school districts to address the needs of homeless (and highly mobile) families have been established. These activities include such things as: designating a liaison for the school district to act as a contact person, outreach worker and advocate for homeless families and youth; identifying local service providers (shelters, food banks, community agencies) for homeless families; and informing parents and youth of their right to public education, even if they do not have a permanent address.

In Louisiana, expanded definitions have helped local school districts understand who may be in need of assistance. Children and Youth living in the following types of situations are eligible for assistance from local homeless educational programs:

- Children and Youth in Transitional or Emergency Shelters
- Children and Youth Living in Trailer Parks, Camping Grounds, Vehicles
- Children and Youth "Doubled-Up" in Housing
- Children and Youth Living in Motels and Weekly-Rates Apartments
- Foster Children and Youth
- Incarcerated Children and Youth
- Migratory Children and Youth
- Unaccompanied Minors: Runaways and Abandoned Youth
- Highly-Mobile Families and Youth

Within the scope of the Child and Adolescent Response Team (CART), children and families in crisis who are also homeless, are assessed and their needs are prioritized. The CART clinician assists the children/ youth and families to locate the resources necessary to establish temporary or permanent

housing. Although resources are limited, homeless shelters and agencies that specifically cater to the needs of the homeless population are located throughout the State. Additionally, CART will assist the children and families with other resources necessary to stabilize the children/ youth and families' mental health and social needs.

The HUD Continuum of Care funding serves many children and youth, both those in families and those who are unaccompanied youth. This funding provides transitional and permanent housing and an array of case management, counseling, educational and other services.

Programs that aid persons with mental illness who are homeless relate to eliminating the disparities in mental health services, Goal #3 of the *President's New Freedom Commission Report*.

CRITERION 4
TARGETED SERVICES TO RURAL & HOMELESS POPULATIONS – RURAL ACCESS TO SERVICES
FY 2009 – Child/Youth

A *Rural Area* has been defined by OMH using the 1990 U.S. Bureau of the Census definition: A rural area is one in which there is no city in the parish (county) with a population exceeding 50,000. Louisiana is a largely rural state, with 88% (56) of its 64 parishes considered rural by this definition. There is an OMH mental health center or satellite clinic in 45 of these 56 rural parishes. There is a Mental Health Rehabilitation provider located in over half of the rural parishes. All rural programs are within the catchment area of a CMHC that serves children and youth.

The most significant addition to services for children, youth and their families living in rural areas is the initiation of the statewide Child Adolescent Response Team (CART) mobile crisis program. CART assures that a child/youth in crisis will be seen face to face within two hours if this is determined necessary – regardless of where the child lives.

Although OMH has placed many new programs in rural areas, barriers, especially transportation, continue to restrict the access of consumers to these rural mental health programs. Transportation in the rural areas of the state has long been problematic, not only for OMH consumers, but for the general public living in many of these areas. The lack of transportation resources not only limits access to mental health services, but to employment and educational opportunities. The resulting increased social isolation of many OMH clients with serious mental illness who live in these areas is a primary problem and focus of attention for OMH. Efforts to expand the number of both mental health programs and recruiting of transportation providers in rural areas are an ongoing goal.

RURAL TRANSPORTATION PROGRAMS FOR SMI / EBD 2007 - 2008

Region/ LGE	Type of Programs	# of Rural Programs
MHSD*	Medicaid Transportation, City/Parish Transportation, Local Providers, Other	3
CAHSD	Medicaid Transportation, City/Parish Transportation; Local Providers, Other	32
III	Medicaid Transportation, City/Parish Transportation, Local Providers, Other	9
IV	Medicaid Transportation, City/Parish Transportation, Local Providers	11
V	Medicaid Transportation; City/Parish Transportation; Local Providers, Other	16
VI	Medicaid Transportation, City/Parish, Local Providers, Others	10
VII	Medicaid Transportation, City/Parish, Local Providers, Other	21
VIII	Medicaid Transportation, City/Parish	5
FPHSA	Medicaid Transportation, City/Parish, Local Providers, Other	19
JPHSA	*NO RURAL AREAS	0
TOTAL		**126**

*** NOTE: Due to the management restructuring in MHSD this data is not yet available for the fiscal year 2008, and the FY 2007 data has been inserted into this table. It is believed that using these numbers will result in the most valid interpretation available at this time.**

RURAL MENTAL HEALTH PROGRAMS FOR SMI / EBD 2007 - 2008

Region/ LGE	Name/Type of Programs	# of Adult Rural Programs	# of C/Y Rural Programs
MHSD*	CMHC, Outreach Sites, Other	2	6
CAHSD	CMHC, Satellite Clinics, Outreach Sites, ACT teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	19	19
III	CMHC, Satellite Clinics, Outreach Sites, ACT Teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups	8	10
IV	CMHC, Satellite Clinics, Outreach Sites, ACT Teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	24	11
V	CMHC, Satellite Clinics, Outreach Sites, ACT Teams, Mobile Outreach, MHR Agencies, Support Groups, Other	20	13
VI	CMHC, Satellite Clinics, Outreach Sites, Mobile Outreach, Drop-In Centers, MHR, Support Groups, Other	23	14
VII	CMHC, Outreach Sites, ACT teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups	7	4
VIII	CMHC, Satellite Clinics, Outreach Sites, ACT Teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups	24	23
FPHSA	CMHC, Satellite Clinics, Outreach Sites, ACT Teams, Mobile Outreach, Drop-In Centers, MHR Agencies, Support Groups, Other	20	10
JPHSA	* NO RURAL AREAS	0	0
TOTAL		**147**	**110**

Key: CMHC= Community Mental Health Center
ACT= Assertive Community Treatment Team
MHR= Medicaid Mental Health Rehabilitation Program

*** NOTE: Due to the management restructuring in MHSD this data is not yet available for the fiscal year 2008, and the FY 2007 data has been inserted into this table. It is believed that using these numbers will result in the most valid interpretation available at this time.**

The capacity for telemedicine, tele-networking, and teleconferencing throughout the state has resulted in better access to the provision of mental health services in rural areas. All state hospitals and approximately almost all CMHC's have direct access. This system addition is actively used for conferencing, consultation and direct care.

In an attempt to alleviate access problems, OMH has available teleconferencing systems at 51 sites, including 29 Mental Health clinics, two ECSS sites, five Mental Health Hospitals, two at LA Spirit, one at an OMH regional office, and one at OMH Central Office. All hospitals, three clinics, and OMH Central Office have multiple cameras at their sites. Some of these cameras are dedicated to Telemedicine (doctor/client session) while the others are used for Teleconferencing (meetings, education, etc). The other sites use their single cameras for both Telemedicine and Teleconferencing. The Office of Mental Health had purchased 23 new systems to replace existing out of date systems at the clinics, some of which were damaged by the hurricanes. All of these systems were installed by

September 2007. In addition to this equipment, OMH purchased an additional 18 camera/monitor systems in FY08 of which 13 are online as of June 25, 2008.

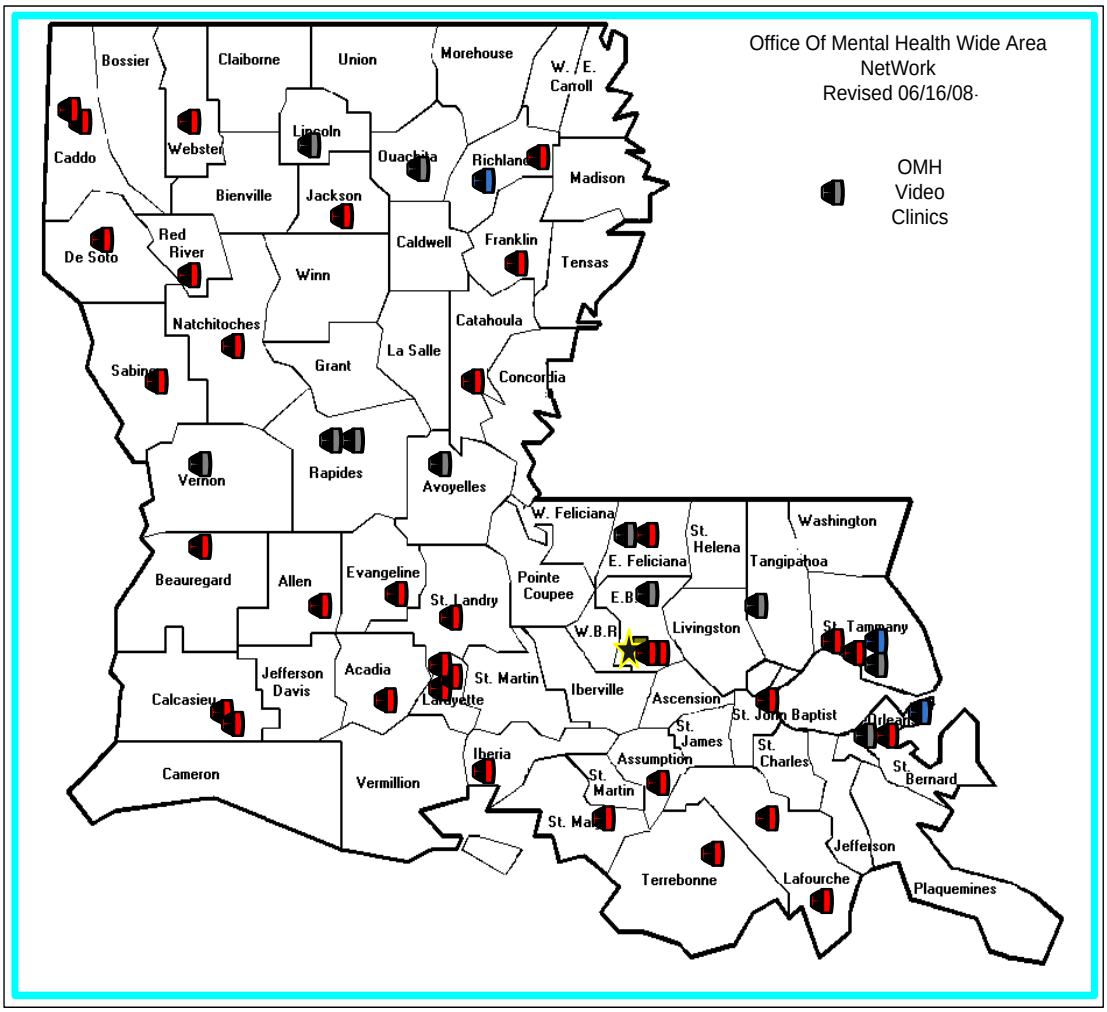
Telecommunication has become the primary mode for communication within OMH. In an average week there are 20 different meetings conducted through teleconferencing including regular meetings of the Regional and Area Management Teams, Medical Directors, Quality Council, and the Pharmacy and Therapeutics Committee. The system is also used for training and other administrative purposes. Past examples include ECSS trainings and preparations for JCAHO accreditation. The system is used every Thursday for regional managers and medical directors to address recovery and resiliency, utilization management, staff competency and credentialing, and performance improvement. Forensic patients at ELMHS are being linked with Tulane University psychiatrists in New Orleans through telemedicine. Tests have begun that will result in a linkage between Southeast Louisiana Hospital and the LSUHSC Emergency Departments. Combined, these efforts have resulted in more efficient communication between various sites across the state.

OMH Video Conferencing Sites - June 2008

	Site	Parish	City
1	Allen Mental Health Center	Allen	Oberlin
2	Assumption Mental Health Center	Assumption	Labadieville
3	Avoyelles Mental Health Center	Avoyelles	Marksville
4	Beauregard Mental Health Center	Beauregard	DeRidder
5	CLSH (Education Room 103)	Rapides	Pineville
6	CLSH (Education Room 128)	Rapides	Pineville
7	Crowley Mental Health Center	Acadia	Crowley
8	Delta ECSS	Richland	Delhi
9	Dr. Joseph Tyler MHC / Auditorium 2	Lafayette	Lafayette
10	Dr. Joseph Tyler MHC / Auditorium 3	Lafayette	Lafayette
11	Dr. Joseph Tyler MHC / Conference Room	Lafayette	Lafayette
12	ELMHS (Center Bldg.)	East Feliciana	Jackson
13	ELMHS (Forensic)	East Feliciana	Jackson
14	ELMHS (Greenwell Springs)	East Baton Rouge	Greenwell Springs
15	Jonesboro Mental Health Center	Jackson	Jonesboro
16	Jonesville Mental Health Center	Catahoula	Jonesville
17	Lafourche Mental Health Center	Lafourche	Raceland
18	Lake Charles MHC / Room 121	Calcasieu	Lake Charles
19	Lake Charles MHC / Room 105	Calcasieu	Lake Charles
20	LA Spirit	East Baton Rouge	Baton Rouge
21	LA Spirit Orleans	New Oleans	Orleans
22	Leesville Mental Health Center	Vernon	Leesville
23	Mansfield Mental Health Center	De Soto	Mansfield
24	Many Mental Health Center	Sabine	Many
25	Minden Mental Health Center	Webster	Minden
26	Monroe Mental Health Center	Ouachita	Monroe

27	Natchitoches Mental Health Center	Natchitoches	Natchitoches
28	New Iberia Mental Health Center	Iberia	New Iberia
29	NOAH / Shrevington Conference Room	Orleans	New Orleans
30	NOAH / HR Conference Room	Orleans	New Orleans
31	OMH Headquarters	East Baton Rouge	Baton Rouge
32	Opelousas Mental Health Center	St. Landry	Opelousas
33	Region 3 Office	Terrebonne	Houma
34	Red River Mental Health	Red River	Coushatta
35	Richland Mental Health Center	Richland	Rayville
36	River Parishes Mental Health Center	St. John the Baptist	LaPlace
37	Rosenblum Mental Health Center	Tangipahoa	Hammond
38	Ruston Mental Health Center	Lincoln	Ruston
39	SELH / Admin. Bldg	St. Tammany	Mandeville
40	SELH / Education Bldg	St. Tammany	Mandeville
41	SELH / Telemed	St. Tammany	Mandeville
42	Shreveport MHC / Room 111	Caddo	Shreveport
43	Shreveport MHC / Room 145	Caddo	Shreveport
44	Shreveport MHC / System of Care	Caddo	Shreveport
45	South Lafourche MHC	Lafourche	Galliano
46	St. Mary Mental Health Center	St. Mary	Morgan City
47	St. Tammany ECSS	St. Tammany	Mandeville
48	Tallulah Mental Health Center	Madison	Tallulah
49	Terrebonne Mental Health Center	Terrebonne	Houma
50	Ville Platte Mental Health Center	Evangeline	Ville Platte
51	Winnsboro Mental Health Center	Franklin	Winnsboro

Location of OMH Video Conferencing Sites



The Community Mental Health Block Grant for the FY 08-09 is $6,155,074 down 2.4% from the initial FY 07-08 of $6,309,615 up from the low of $5,902,412 in FY 05-06; which was reduced from the FY 04-05 level of $6,338,989. Block Grant money is used by OMH to finance innovative programs that help to address service gaps and needs in every part of the state. The Block Grant funds are divided almost equally between Adult and C/Y programs. The OMH FY 2008-2009 budget (initial appropriation) was $328,395,088. The total appropriation for the community is $85,317,232.

The following tables provide additional budgetary information, including a breakdown of federal funding for mental health services. This section also contains further information about staffing resources, etc.

OFFICE OF MENTAL HEALTH INITIAL APPROPRIATION FOR FY 08-09			
BUDGET SUB-ITEM	**SUB-ITEM DIVISIONS**	**TOTAL(S)**	**% of TOTAL**
Community Budget	CMHCs (a)	$47,635,883	15%
	Acute Units (b)	3,863,397	1%
	Social Service Contracts	33,817,952	10%
	Community Total	**$85,317,232**	**26%**
Hospital Budget	Central Louisiana State Hospital	31,092,074	9%
	Eastern Louisiana Mental Health System (c)	100,913,566	31%
	New Orleans Adolescent Hospital	24,425,456	7%
	Southeast Louisiana Hospital (d)	44,591,400	14%
	Hospital Total	**$201,022,496**	**61%**
State Office Budget	**State Office Total (e)**	**42,055,360**	**13%**
TOTAL		**$328,395,088**	**100%**
(a) Excludes Capital Area Human Services District budget, Florida Parishes Human Services Authority, Metropolitan Human Services District and Jefferson Parish Human Services Authority.			
(b) Does not include $1,250,195 for operation of the Washington-St. Tammany acute units that are located in OMH Hospitals.			
(c) East Louisiana Mental Health System is comprised of East Louisiana State Hospital, Feliciana Forensic Facility, and Greenwell Springs Hospital. Earl K. Long Hospital has been transferred to ELSH. Budgets are combined.			
(d) Includes $1,250,195 for operation of the Washington-St. Tammany acute units.			
(e) Actual appropriation is $49,358,405 of which $7,303,045 is transferred to the Community budget.			

MENTAL HEALTH FACILITIES, BEDS, FUNDING
FY 2004 - 2008

HOSPITAL SYSTEM

	FY 2004	FY 2005	FY 2006	FY 2007 (7/1/06)	FY 2008 (7/1//07)	FY 2009 (7/1/08)
Total Adult/Child State Hosp. Beds (a)	915	891	841	840	842	810
State Gen'l Funds(b) ($)	31,186,948	38,397,922	55,329,779	55,652,880	79,834,630	89,500,010
Federal Funds ($)	101,564,093	96,114,307	96,380,793	94,259,642	101,469,932	106,781,722

COMMUNITY SYSTEM

Acute Units

	FY 2004	FY 2005	FY2006	FY 2007 (7/1/06)	FY 2008 (7/1/07)	FY 2009 (7/1/08)
Total Number of Acute Beds	216	146	209**	238	215	283
State General Funds ($)	0	0	0	0	0	0
Federal Funds ($)	17,770,073	13,830,179	13,582,848	7,018,005	9,429,275	5,113,592

NOTE: 2006 figure reflects one less acute unit that was taken over by LSUHSC (EA Conway) & 44 bed unit at GSH
2007 figures includeWOM, UMC, HPL, GSH, & WST.
2008 figures exclude GSH (transferred to ELSH).

CMHCs

	FY 2004	FY 2005	FY2006	FY 2007 (7/1/06)	FY 2008 (7/1/07)	FY 2009 (7/1/08)
Total Number of CMHCs*	43	43	43	40	41	43
State General Funds ($)**	57,544,745	61,230,195	38,595,548	33,200,663	34,767,708	37,993,999
Federal Funds ($)	5,242,468	4,190,191	4,842,248	7,951,436	7,539,648	8,159,082

*Includes Centers and Clinics only – (including LGEs)
** does not include LGEs

CONTRACT COMMUNITY PROGRAMS	FY 2004	FY 2005	FY 2006	FY 2007 (7/1/06)	FY 2008 (7/1/07)	FY 2009 (7/1/08)
State General Funds ($)	5,714,427	9,630,947	7,055,555	6,063,759	12,830,006	31,144,944
Federal Funds ($)	7,829,953	5,346,843	2,472,667	23,017,891	12,871,215	3,346,292

NOTES:
(a) Staffed beds. Does not include money for operation of acute units in OMH freestanding psychiatric hospitals.
(b) Additional services for persons with mental illness were provided through the Medicaid agency:
Mental Health Rehabilitation Option

Office of Mental Health Inpatient Staffed Beds

	Intermediate Care Staffed Beds			Acute Care Staffed Beds			Grand Total
	Child/ Youth	Adult	Total Intermed Care	Child/ Youth	Adult	Total Acute Care	
Central State Hospital	28	116	144	0	0	0	144
Eastern LA Mental Health System (Jackson Campus)	0	292	292	0	66	66	358
Feliciana Forensic Facility	0	235	235	0	0	0	235
New Orleans Adolescent Hospital	15	0	15	0	30	30	45
Southeast Louisiana Hospital (Mandeville)	30	94	124	0	24	24	148
Leonard Chabert Hospital	0	0	0	0	24	24	24
EA Conway	0	0	0	0	27	27	27
Huey P Long Hospital	0	0	0	0	16	16	16
LSU – Shreveport	0	0	0	0	51	51	51
University Medical Hospital	0	0	0	0	17	17	17
Washington- St. Tammany	0	0	0	0	18	18	18
W.O. Moss	0	0	0	0	10	10	10
TOTAL	73	737	810	0	283	283	1093

Based on Patient Movement Reports Updated 7/30/07 tc

TOTAL NUMBERS OF HOSPITAL INTERMEDIATE CARE BEDS BY FACILITY (6/30/08)

	Licensed	Staffed	% Staffed	% Occupancy
CLSH	196	144	74%	90.20%
ELSH	362	292	80.70%	99.70%
SELH	374	124	40.40%	91.90%
FFF	235	235	100%	100%
NOAH	102	15	14.70%	80.20%
TOTAL	1269	810	--	--

Based on Patient Movement Data 7/1/08tc

OMH WORKFORCE ON LAST DAY OF FY 2003 – 2008

Organizational Unit	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	Increase / [Decrease]
Community System: Regions & LGEs							
MHSD	334	106	120	154	87	107	20
CAHSD	98	118	125	163**	281**	181	[100]
Region 3	71	73	83	71	70	77	7
Region 4	133	129	134	126	125	131	6
Region 5	78	76	79	59	57	53	[4]
Region 6	90	90	106	101	96	104	8
Region 7	79	75	95	77	67	79	12
Region 8	110	62	72	73	58	62	4
FPHSA	52	62	66	60	94	97	3
JPHSA	67	67	60	70	73**	86	13
Community Sub- Total	**947**	**858**	**940**	**954**	**1,008**	**977**	**[31]**
OMH Operated State Hospitals							
CLSH	389	368	351	347	316	371	55
ELMHS	1,268	1,249	1,245	1,176	1,227	1,285	58
NOAH	168	158	163	96	172	255	83
SELH	533	479	518	394	442	593	151
State Hospital Sub-Total	**2,358**	**2,254**	**2,277**	**2,013**	**2,157**	**2,504**	**347**
State Office*	**105**	**130**	**168**	**175**	**349***	**430***	**81**
Statewide Total	**3,410**	**3,242**	**3,385**	**3,142**	**3,514**	**3,911**	**397**

KEY: **CLSH** = Central Louisiana State Hospital
ELMHS = Eastern Louisiana Mental Health System (ELMHS) - includes Greenwell Springs Hospital, East Division, & Forensic Division
NOAH = New Orleans Adolescent Hospital
SELH = Southeast Louisiana Hospital

NOTES: Count is of TO Positions

*The large increase in State Office numbers in 2003-06 is due to the inclusion of the staff of ECSS, Prior Authorization, and LaYes, and in FY 07 & 08 also LA Spirit.

**Includes Social Services Block Grant positions

Numbers of Community Professional Staff Members by Discipline on June 30, 2008

Discipline	Psychiatry	Psychology		Social Work		Registered Nurse			Other		Other Physician/ PharmD
Region/LGE		Doctoral*	Masters	DSW	Masters	Masters	Bachelors	Associate	Masters	Bachelors	
MHSD**	15 (13 FTE)	4	0	0	32	0	10	0	2	23	0
CAHSD	17 (11.5 FTE)	2	0	0	86	2	9 (6.23 FTE)	4	8	3	0
III	15 (11.6 FTE)	2 (1.6 FTE) 1 MP*	0	0	10	2(1.8 FTE)	9	2	11	3	0
IV	6 (5.5 FTE)	2 (0.4 FTE)	7	0	30	0	0	9	0	4	0
V	1 (0.2 FTE)	2 (1.2 FTE)	3	0	7	0	3	0	6	2	1 (0.2 FTE)
VI	4	0	5	0	9	0	4	6	2	2	0
VII	10 (7.9 FTE)	2 (0.6 FTE)	4	0	15	0	3	3	9	2	0
VIII	5 (3.8 FTE)	2 (0.4 FTE)	0	0	18	0	4	5	7	2	0
FPHSA	8 (5.4 FTE)	1 (0.1 FTE)	0	0	33 (32.2 FTE)	0	2	3	3	0	1
JPHSA	16 (14.4 FTE)	2	0	0	74	4	8	6	14 (13.3)	3	0
Total By Discipline	**97(77.3FTE)**	**20(13.3FTE)**	**19**	**0**	**314(313.2FTE)**	**8(7.8FTE)**	**52(49.23FTE)**	**38**	**62(61.3FTE)**	**44**	**1(0.2FTE)**

NOTES: (FTE listed only if not full-time) * MP: Medical Psychologist

**** Due to the management restructuring in MHSD this data is not yet available for the fiscal year 2008, and the FY 2007 data has been inserted into this table. It is believed that using these numbers will result in the most valid interpretation available at this time.**

Numbers of OMH Hospital Professional Staff Members by Discipline on June 30, 2008

Discipline	Psychiatry	Psychology		Social Work		Registered Nurse			Other		Other Physician/ Doctorate
Hospital		Doctoral*	Masters	DSW	Masters	Masters	Bachelors	Associate	Masters	Bachelors	
CLSH	4.5	3	2	0	8	1	13	43	0	4	0
ELMHS	19.2	14	2	0	42	5	64	75	0	4	2
NOAH	4	2	0	0	17	3	19	2	2	3	0
SELH	0	10	2	0	5	3	18	30	2	6	1
Total by Discipline	**27.7**	**29**	**6**	**0**	**72**	**12**	**114**	**150**	**4**	**17**	**3**

Note: (FTE listed only if not full-time) * MP: Medical Psychologist

OMH Community Total Prescribing Workforce on June 30, 2008

Psychiatric Type	Total Number FTE Psychiatrists		Of Total Psychiatry FTE, Number Certified Child Psychiatrists		Total Number FTE Medical Psychologists		Total Number FTE Nurse Practitioners	
Region/ LGE	Civil Service	Contract	Civil Service	Contract	Civil Service	Contract	Civil Service	Contract
MHSD*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CAHSD	11	2.3	2	0				
3	10	1.6	0	0.4				0.7
4	6	1.2	1	0		0.4		
5	0.2	0	0	0		0.2		
6	4	2.62	1	0				
7	6.8	1.05	0	.65				
8	3	0.8	0	0				
FPHSA	4	1.4	0	0				
JPHSA	10.4	1.41	2.95	.80				

*** NOTE: Due to the management restructuring in MHSD this data is not available for the fiscal year 2008.**

OMH Hospital Psychiatric Workforce on June 30, 2008

Psychiatric Type	Number FTE Psychiatrists Serving Adults/ Children		Number FTE Certified Child Psychiatrists		Hospital FTE Total Psychiatrists
Hospital	Civil Service	Contract	Civil Service	Contract	
CLSH	3.5	1.25	0	.25	4.75
ELMHS	0	19.2	0	2	19.2
NOAH	3	10	3	3	13
SELH	7	16	0	1	23
Totals	**13.5**	**46.45**	3	6.25	**59.95**

KEY: CLSH = Central Louisiana State Hospital
ELMHS = Eastern Louisiana Mental Health System (ELMHS): Greenwell Springs Hospital, East Division, Forensic Division
NOAH = New Orleans Adolescent Hospital
SELH = Southeast Louisiana Hospital

OMH Community Staff Liaisons on June 30, 2008

Region/ LGE	FTE Child/Youth Family Liaisons	FTE Adult Consumer Liaisons
MHSD*	1	VACANT
CAHSD	1	0.5
III	0.8	0.8
IV	0.8	0.8
V	0.2	0.8
VI	0.5	0.6
VII	1	1
VIII	0.5	0.5
FPHSA	VACANT	0.8
JPHSA	1	0.4

(a) Includes civil service and contract employees

*** NOTE: Due to the management restructuring in MHSD this data is not yet available for the fiscal year 2008, and the FY 2007 data has been inserted into this table. It is believed that using these numbers will result in the most valid interpretation available at this time.**

All Regions/ LGEs report difficulties providing necessary services due to a workforce shortage. In addition to the usual problems, for the first time, high gasoline prices are being mentioned as deterrents to successful workforce development and maintenance. Previously, it had been noted that many healthcare professionals left state government jobs or literally left Louisiana after the hurricanes, for better pay and better working conditions. Although exceptions were considered, a hiring freeze instituted by Governor Bobby Jindal shortly after his inauguration further exacerbated employment problems. Workforce vacancies have affected all aspects of direct service: medical, nursing, counseling, and clerical. The shortage has had a serious effect on the number of clients seen, the length of time from first contact to psychiatric evaluation, medication management, and counseling. There is a shortage of community resources to fill service gaps. To fill the gaps in prescribers, some regions have successfully contracted with non-physician prescribers, specifically, Medical Psychologists and/or Nurse Practitioners. Others have used locum tenens physicians.

Recruitment efforts have included contacting medical recruitment agencies, advertisements in professional journals, newspapers, as well as contacting psychiatric residency and graduate school programs.

CRITERION 5
MANAGEMENT SYSTEMS – EMERGENCY SERVICE PROVIDER TRAINING AND EMERGENCY SERVICE TRAINING TO MENTAL HEALTH PROVIDERS
LOUISIANA FY 2009 - ADULT & CHILD/YOUTH PLAN

OMH makes available a variety of mental health training to providers of emergency services, *as well as* emergency services trainings to mental health providers. Post Hurricanes Katrina and Rita, LGEs and Regions have partnered with and participated in numerous trainings with the Office of Public Health, FEMA, community agencies, and local emergency command centers. Thousands of hours of service time was given to emergency preparedness and response via general shelters, special needs shelters, mobile crisis teams, and in other venues for many months following these hurricanes. After the initial response, regional 'after action' conferences were held throughout the state to review and assess the work done over the previous months. Among the lessons learned from the hurricanes, modifications to preparedness training have included better delineation of responsibilities between offices, persons' roles, locations of services, and other technicalities. Evacuation procedures and plans have been more closely detailed in the event of a crisis. Collaboration with other state agencies, non-profit agencies, and other organizations on parish and local levels has occurred. Continuity of operations plans for all OMH facilities have been drafted.

Effective emergency management and incident response activities begin with a host of preparedness activities conducted on an ongoing basis, in advance of any potential incident. Preparedness involves an integrated combination of planning, procedures and protocols, training and exercises. The Division of Emergency Preparedness prepares the Office of Mental Health (OMH) to respond rapidly and effectively to natural and man-made disasters, including terrorism**.** A variety of mental health trainings are offered to providers of emergency services, as well as emergency response trainings to mental health providers to support efforts to strengthen its emergency response capabilities and disaster mental health resources statewide.

Local Governmental Entities (LGEs) and Regions continue to partner with and participate in trainings through the Office of Public Health, FEMA, community agencies, and local emergency command centers. Thousands of hours of service time was given to emergency preparedness and response via general shelters, special needs shelters, mobile crisis teams, and in other venues. Evacuation procedures and plans have been more closely detailed in the event of a crisis. Collaboration with other state agencies, non-profit agencies, and other organizations on parish and local levels has occurred. Continuity of operations plans for all OMH facilities have been drafted.

OMH has a Call-Out system for all personnel to staff special-needs shelters in the event of a natural or man-made disaster, and conducts routine training and drills in these procedures. Training includes the use of FEMA assistance sites, evacuation of OMH patients, delivery of medication and medication management, and related mental health needs. All CMHC staff members receive training in mental health disaster response that addresses all age groups. All Office of Mental Health staff members were required to take the FEMA sponsored National Incident Management System Training (NIMS). Additionally, various staff members have been trained in Medical Special Needs Shelter Operations.

The following documents activities by the Office of Mental Health and/or its affiliates. All trainings are culturally competent and age/gender-specific to the population served in alignment with Goal 1 and Goal 3 of the *President's New Freedom Commission Report*.

- OMH hosted its first Behavioral Health Hurricane Summit in collaboration with the Office of Public Health (OPH), Office for Addictive Disorders (OAD) and the Office for Citizens with Developmental Disabilities (OCDD). The event was offered to enhance current behavioral health disaster response plans for OMH, OAD and OCDD facilities with participation from regional and local first responders and public health.
- Hurricane preparedness and Shelter-in-Place Drills were conducted as a training exercise with OMH hospitals and mental health clinics across the State. These drills provided a learning venue for emergency service providers to help them better understand the impact of mental illness and to increase their skill capability to respond to emergencies in the behavioral health care community in an inpatient and outpatient environment. All trainings are culturally competent and age/gender-specific to the population served in alignment with Goal 1 and Goal 3 of the President's New Freedom Commission Report.
- OMH jointly with the Office of Public Health and the Governor's Office of Homeland Security and Emergency Preparedness provides ongoing training to parish level police/fire/EMS workers charged with disaster response duties, i.e., critical incident management, mental health disaster services, bio-terrorism preparedness, mental health response to mass casualties, coordination of mental health and first responders training, stress management for first responders, and psychological first aid training.
- Crisis Intervention Training (CIT) was conducted with law enforcement agencies in the New Orleans and Lake Charles areas in 2005 and 2006. Additionally, OMH works in partnership with key community organizations such as Southern Law Enforcement Critical Incident Stress Management (CISM), and provides training on crisis intervention techniques to first responders, and assists with outreach needs in crisis events. OMH also participates with the New Orleans Police Department and Tulane Hospital to provide Intervention Specialist Officer training to law enforcement, emphasizing crisis intervention with the mentally ill. Training on mental health issues, including dealing with violence, is provided by OMH staff members to the Coroner's Task Force Members, comprised of individuals from Coroners' Offices, Sheriffs' Departments, City Police Departments, and other local law enforcement authorities in most OMH regions and LGEs.
- Behavioral health trainings are provided routinely at the state Emergency Operations Center (EOC) to emergency operations personnel prior to and during a declared disaster.
- Various planning, preparedness, mitigation and recovery exercises are regularly conducted.
- OMH recently participated in a mock pandemic flu exercise that was conducted in conjunction with the Office of Public Health.

Other agency sponsored services include:

- Preventative programs such as the Louisiana Partnership for Youth Suicide Prevention (LPYSP). OMH hosted a Youth Suicide Prevention Summit in April 2006 to bring issues of suicide among youth in Louisiana forward. In 2006, Louisiana was awarded funds under the Garrett Lee Smith Memorial Act from Substance Abuse and Mental Health Service Administration (SAMHSA) to implement statewide youth suicide intervention and prevention strategies. Applied Suicide Intervention Specialist Training (ASIST) is one of several trainings to be provided by this funding initiative over the next 3 years. The ASIST project will be offered across the state to all communities, including government agencies, consumer/advocacy agencies, emergency service providers, schools and families to help reduce the incidence of suicide in Louisiana.

- Stress management and self-care education and skill building to the first responder's network throughout the state, via the LA Spirit program. LA Spirit hosted a Disaster Mental Health training *"Moving Forward Plan"* for first responders in January 2006. A second training, *"Making Progress"* was held in March 2007 to raise awareness among first responders of psychological issues and trauma experienced during catastrophic events. Also in 2007, the first statewide training of first responder teams was provided in Baton Rouge, with presentations by the New York Fire Department Counseling Services Unit. This peer training provided tools to assist first responders when in the field. Video conferences with first responder teams throughout Louisiana are held monthly.

Please see Criterion 1 for information about the *Louisiana Spirit Hurricane Recovery Program*, the federally funded Crisis Counseling Assistance and Training Program, that is focused on addressing post-hurricane disaster mental health needs and other long term disaster recovery initiatives.

More specific examples of emergency services response include:

OMH provides staff members in all state-administered hospital emergency rooms. These staff members perform mental health screening as part of the admission process. OMH coordinates in-service training for emergency room doctors, nurses and other professional and para-professional staff. OMH also trains teachers and school administrators in disaster response procedures.

OMH, jointly with the Office of Emergency Preparedness, provides training to parish level police/ fire/ EMS workers charged with disaster response. Such training includes:

> Critical incident management, Mental health disaster services, Bio-terrorism preparedness, Mental health response to mass casualties, Coordination of mental health and first responders, Stress management for first responders.

In perhaps the best example statewide, CAHSD reports that they are very engaged and involved in activities involving crisis and emergency planning. They convened a Community Stakeholder Collaborative in the summer of 2007 to develop plans to alleviate the behavioral health crises within the community, and a resulting response plan was developed. CAHSD has developed a ten component continuum to address the behavioral health crisis needs in the community; including a set of triage screening tools. The Collaborative includes a crisis Intervention Team Training for law enforcement, having trained 21 law enforcement agents in January 2008, and plans for training another 24 in the summer of 2008. For many years, CAHSD has provided training to law enforcement on behavioral health and developmental disabilities and has expanded this role to include first responders in the community. CAHSD also has a well-defined response plan for bioterrorism, pandemic flu, and other mass disasters. CAHSD has a collaborative relationship with the local chapter of the Red Cross, Office of Homeland Security, Emergency Preparedness, as well as other emergency management organizations. CAHSD drills, meets and exercises with these entities to ensure an understanding of roles and responsibilities, operations, etc.

In addition, Crisis Intervention Training (CIT) is occurring in several regions statewide, with plans to take it statewide, training officers and dispatchers to assess and respond appropriately to calls involving adults with SMI and children with EBD. Other preparedness activities include monthly statewide Disaster videoconferences, NIMS training, monthly 800 Mhz radio checks, and on-going dialogue with Office of Public Health.

INTENDED USE PLAN BY SERVICE CATEGORY
FY 2009 - ADULT PLAN

ADULT INTENDED USE CATEGORIES & ALLOCATIONS

Service Category	Types of Services	Region/ LGE	Area	State Office	Total Allocation
Adult Employment	Employment Programs; Development & Services	$109,970	$0	$61,592	$171,562
Advisory Council Support	RAC Support	32,435	0	0	32,435
Assertive Community Treatment (ACT)	ACT Outreach Services	136,857	0	0	136,857
Consumer Advocacy and Education	Consumer Education; Advocacy and Education; Family Organization Support, Supported Adult Education	6,000	0	49,720	55,720
Consumer Liaisons	Consumer Liaisons (not in contracts)	118,334	0	0	118,334
Consumer Monitoring and Evaluation	MIS; Consumer-Directed Service System Monitoring, Consumer Liaisons:	5,278	16,282	63,484	85,044
Consumer Support Services	Consumer Initiated Programs, Consumer-Education, Community Care Resources; Community Resource Centers, Case Management; Consumer Support; Medicaid Enrollment; Support and Empowerment	625,945	0	418,566	1,044,511
Crisis Response Services	Crisis Line, Crisis Stabilization, Crisis 24 hour screening & assessment, Mobile crisis response	21,380	0	0	21,380
Mental Health Treatment Services	Psycho-social Day Treatment; Forensic Program, Co-occurring Disorders Treatment	25,507	0	0	25,507
Planning Operations & System Development	Staffing for Bureau of Planning, Performance Partnerships and Stakeholder Involvement; Planning Council Office: Support Staff, Office Operations, member travel and training, MIS	0	0	255,857	255,857
Residential / Housing	Housing Development and Services; Foster Care; Group Homes Supervised Apartments; 24-hour residential Housing Support Services	338,032	0	0	388,032
Respite	Respite Services and Supports	0	0	0	0
Staff Development	OMH Workforce Recruitment, Development and Retention, Staffing for Bureau of Workforce Development	0	0	122,701	122,701
Transportation	Community / Rural Transportation	20,560	0		20,560
Other Contracted Services	Comprehensive Mental Health Services; MIS Infrastructure Development; PODS (Public Outreach Depression Screening)	161,390	85,955	139,515	386,860
Other	Forensic Services	0	350,000	0	350,000
TOTAL		**$1,601,688**	**$452,237**	**1,111,435**	**3,165,360**

INTENDED USE PLAN BY SERVICE CATEGORY
FY 2009 – CHILD/YOUTH PLAN

C/ Y/ F INTENDED USE CATEGORIES & ALLOCATIONS

Service Category	Types of Services	Region/ LGE	Area	State Office	Total Allocation
Advisory Council Support	RAC Support	$32,500	$0	$0	$32,500
Assertive Community Treatment	ACT Outreach Services	193,749	0	0	193,749
Consumer Advocacy and Education	Consumer Education; Advocacy and Education; Family Organization Support	7,519	0	$22,000	29,519
Consumer Liaisons	Consumer Liaisons (not in contracts)	70,924	0	0	70,924
Consumer Monitoring and Evaluation	MIS; Consumer-Directed Service System Monitoring, Consumer Liaisons:	70,210	16,283	80,000	166,493
Crisis Response Services	Crisis Line, Crisis Stabilization, Crisis 24 hour screening & assessment, Mobile crisis response	203,996	0	0	203,996
Family Support Services	Family Support Services; Wraparound; Family Mentoring Program; Family Support Liaison and Program; Medicaid Enrollment; Parent Mentoring; Nurse Visitation Program, Parent Liaisons, Mentoring, Community Care Resources; Rural Mobile Outreach Programs, Family Training, Therapeutic Camp	699,624	0	57,240	756,864
Planning Operations and Systems Development	Staffing for Bureau of Planning, Performance Partnerships and Stakeholder Involvement, Planning Council Office: Support Staff, Office Operations, member travel and training, MIS	0	0	190,857	190,857
Residential / Housing	Housing Development and Services; Foster Care; Group Homes; Supervised Apartments Housing 24-hour residential Housing Support Services	0	0	0	0
Respite	Respite Programs	303,841	0	0	303,841
School-Based Mental Health Services	School-Based Clinic; School-Based Services, School Violence Prevention	114,470	0	0	114,470
Staff Development	OMH Workforce Recruitment, Development and Retention, Staffing for Bureau of Workforce Development	0	0	217,061	217,061
Transportation	Community / Rural Transportation	174,857	0	0	174,857
Other Contracted Services	Comprehensive Mental Health Services, Nurse Home Visitation Program, MIS Infrastructure Development, PODS (Public Outreach Depression Screening)	374,068	0	160,515	534,583
TOTAL		**$2,245,758**	**$16,283**	**727,673**	**2,989,714**

INTENDED USE PLAN SUMMARY BY REGION / LGE

LOUISIANA FY 2009 - ADULT & CHILD/YOUTH PLAN

Allocation Summary by Region / Local Governing Entity/ Area/ State Office

Region/ LGE	Adult	Child/ Youth	TOTAL
MHSD	$ 117,550	$ 367,848	$ 485,398
CAHSD	$ 194,798	$ 280,319	$ 475,117
Region 3	$ 197,242	$ 225,339	$ 422,581
Region 4	$ 200,450	$ 241,785	$ 442,235
Region 5	$ 151,745	$ 278,786	$ 430,531
Region 6	$ 170,384	$ 246,415	$ 416,799
Region 7	$ 180,082	$ 189,302	$ 369,384
Region 8	$ 193,971	$ 193,971	$ 387,942
FPHSD	$ 149,078	$ 187,900	$ 336,978
JPHSA	$ 46,388	$ 34,093	$ 80,481
Reg Total	**$ 1,601,688**	**$ 2,245,758**	**$ 3,847,446**
Area A	15,253	15,254	30,507
Area B	436,984	1,029	438,013
Area C	0	0	0
Area Total	**$ 452,237**	**$ 16,283**	**$ 468,520**
SUBTOTAL	**$ 2,053,925**	**$ 2,262,041**	**$ 4,315,966**
State Office	**$1,111,435**	**$727,673**	**$1,839,108**
TOTAL			**$ 6,155,074**

Percentage of Block Grant Dollars Allocated to Adults:	**51.4%**
Percentage of Block Grant Dollars Allocated to Children/ Youth :	**48.6%**

Intended Use Plan Notes

If circumstances occur that prohibit expenditure of any portion of the Block Grant funds as intended, OMH will utilize the remaining funds for the purchase of Block Grant related equipment and supplies (e.g. computers, printers, software, fax machines, projectors, tele-communication equipment/infrastructure/staff, etc.) and/or Phase IV medications and/or other appropriate expenditures.

The allocation to the Jefferson Parish Human Services Authority appears inconsistent with other regions because when the Authority was created their Block Grant dollars were replaced with State General Funds. Since then, this situation has been considered when new Block Grant dollars have been awarded or when funding has been decreased.

Complete details of the Intended Use Plans submitted from each Region, LGE, Area, and State Office is included in Appendix A of this document.

LOUISIANA FY 2009
BLOCK GRANT PLAN

Part C
STATE PLAN
Section III

PERFORMANCE INDICATORS,
GOALS, TARGETS AND ACTION PLANS

CHILD/ YOUTH PLAN

Name of Performance Indicator: Increased Access to Services **Transformation Indicator**

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Target
Performance Indicator	3,552	3,818	4,286	4,300
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder, and their families, will have access to state mental health services

Target: Access to mental health services will be provided for a greater percentage of the state's prevalence rate of children and youth with an emotional or behavioral disorder

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 2: Mental Health System Data Epidemiology; 3: Children's Services

Indicator: The number of children and youth who have an emotional or behavioral disorder who receive mental health services from the Office of Mental Health during the fiscal year. NOMS Indicator #1

Measure: Estimated unduplicated count of children and youth who are on the caseload the last day of the fiscal year who have an emotional or behavioral disorder and who receive mental health services during the fiscal year in an OMH community or inpatient setting

Sources of Information: ARAMIS, PIP

Special Issues: NOTE: In the past, this indicator has been reported as the percentage of prevalence of children and youth who have an emotional or behavioral disorder who receive mental health services from the office of mental health during the fiscal year. These numbers are discussed in Criterion 2 of the plan. In order to be consistent with NOMS indicators, the measure is now reported as a number rather than as a percentage. Until FY 2008, the numbers reported for this indicator did not include Jefferson Parish Human Services Authority (JPHSA), as this information was not available.
The FY 2008 actual figure is 4,286.

Significance: Setting quantitative goals to be achieved for the numbers of children who are EBD to be served in the public mental health system is a key requirement of the mental health block grant law

Action Plan: The Block Grant indicators will be monitored through the OMH Quality Council and through the Committee on Programs and Services of the State Mental Health Planning Council. The Quality Council sponsors a quarterly Quality Forum that is designed to review OMH performance indicators and provide a venue for dialogues on system quality improvement strategies and action plans. The Forum is attended by a wide range of mental health stakeholders, including hospital and community quality management staff, and consumers and family members. The State Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and to recommend service system improvements to the Council.

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Target
Performance Indicator	3.15	5.9	3.5	3.25
Numerator	12	17	7	--
Denominator	380	286	198	--

Table Descriptors:

Goal: The Office of Mental Health will improve the quality of care that is provided.

Target: The percentage of children and youth who are discharged from a state hospital and then re-admitted will either decrease or be maintained (30).

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems**;** 3: Children's Services

Indicator: The percentage of children and youth consumers discharged from state psychiatric hospitals and re-admitted to an Office of mental health inpatient program within thirty days (30) days of discharge NOMS Indicator #2

Measure: Thirty Day Rate of Discharge and Re-admission.
Numerator = # Readmits to PIP State Hospital within 30 days
Denominator = # Patients Discharged from PIP State Hospital (not-unduplicated) Calendar year (Jan 1 - Dec 31)

Sources of Information: ARAMIS, PIP (Patient Information Program)

Special Issues: The total number of discharges from state hospitals excluded patients in all Acute Units, patients on leave, Forensic (FFF) patients, and patients discharged to another state hospital. FY 2008 Actual: 7/198 X 100 = 3.5%

Significance: Recidivism is one measure of treatment effectiveness

Action Plan: The Block Grant indicators will be monitored through the OMH Quality Council and through the Committee on Programs and Services of the State Mental Health Planning Council. The Quality Council sponsors a quarterly Quality Forum that is designed to review OMH performance indicators and provide a venue for dialogues on system quality improvement strategies and action plans. The Forum is attended by a wide range of mental health stakeholders, including hospital and community quality management staff, and consumers and family members. The State Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and to recommend service system improvements to the Council.

Name of Performance Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Target
Performance Indicator	8.9	12.6	11	10
Numerator	34	36	22	--
Denominator	380	286	198	--

Table Descriptors:

Goal: The Office of Mental Health will improve the quality of care that is provided.

Target: The number of children and youth who are discharged from a state hospital and then re-admitted will either decrease or be maintained (180).

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The percentage of children and youth consumers discharged from state psychiatric hospitals and re-admitted to an Office of mental health inpatient program within 180 days of discharge. NOMS Indicator #2

Measure: 180 Day Rate of Discharge and Re-admission.
Numerator = # Readmits to PIP State Hospital within 180 days.
Denominator = # Patients Discharged from PIP State Hospital (not unduplicated) Calendar year (Jan 1 - Dec 31)

Sources of Information: ARAMIS - PIP

Special Issues: The total number of discharges from state hospitals excluded patients in all Acute Units, patients on leave, Forensic (FFF) patients, and patients discharged to another state hospital.
FY2008 Actual: 22/198 X100 = 11%

Significance: Recidivism is one measure of treatment effectiveness

Action Plan: The Block Grant indicators will be monitored through the OMH Division of Planning, Evaluation, and Information Technology and through the Committee on Programs and Services of the State Mental Health Planning Council. The State Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and to recommend service system improvements to the Council.

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Therapeutic Foster Care

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Target
Performance Indicator	3	6	16	25
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder, and their families, will receive appropriate evidence-based treatment services

Target: The number of children and youth with an emotional or behavioral disorder who receive Therapeutic Foster Care services will increase.

Population: Children and youth with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: The number of children and youth who receive Therapeutic Foster Care services will increase. NOMS Indicator #3

Measure: The number of children and youth who receive Therapeutic Foster Care services.

Sources of Information: Survey of Regions and LGEs; Survey of Hospitals

Special Issues: Information from Survey is based on Region & LGE report, and all EBP's are not currently evaluated for fidelity. This was a new indicator for FY 06. The FY 08 actual = 16.

Significance: Evidence-based practices have been shown to be effective and efficient treatment modalities that lead to positive outcomes

Action Plan: The EBPs that have been offered and that were reported on the surveys have not all been held to fidelity. Because measurement of EBPs not held to fidelity may not be meaningful, education on the EBPs, proper treatment focus, and accurate measurement will be a focus. The expectation is that data collected on EBPs held to fidelity will be more useful. The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Multi-Systemic Therapy

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Target
Performance Indicator	202	76	73	75
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder, and their families, will receive appropriate evidence-based treatment services

Target: The number of children and youth with an emotional or behavioral disorder, and their families, who receive Multi-Systemic Therapy will increase.

Population: Children and youth with an emotional or behavioral disorder and their families.

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The number of children and youth and their families who receive Multi-Systemic Therapy. NOMS Indicator #3

Measure: The number of children and youth and their families who receive Multi-Systemic Therapy.

Sources of Information: Survey of Regions and LGEs and Survey of Hospitals

Special Issues: This was a new indicator in 2006; however, JPHSA had already implemented this EBP. FY 08 Actual = 73 (JPHSA = 73).

Significance: Evidence-based practices have been shown to be effective and efficient treatment modalities that lead to positive outcomes. MST is an EBP that has been utilized in Jefferson Parish; it is held to fidelity

Action Plan: The EBPs that have been offered and that were reported on the surveys have not all been held to fidelity. Because measurement of EBPs not held to fidelity may not be meaningful, education on the EBPs, proper treatment focus, and accurate measurement will be a focus. The expectation is that data collected on EBPs held to fidelity will be more useful. The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

Name of Performance Indicator: Evidence Based - Number of Persons Receiving Family Functional Therapy

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Target
Performance Indicator	N/A	30	60	75
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder, and their families, will receive appropriate evidence-based treatment services

Target: The number of children and youth with an emotional or behavioral disorder, and their families, who receive Functional Family Therapy will increase.

Population: Children and youth with an emotional or behavioral disorder and their families.

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The number of children and youth and their families who receive Functional Family Therapy. NOMS Indicator #3

Measure: The number of children and youth and their families who receive Functional Family Therapy.

Sources of Information: Survey of Regions and LGEs and Survey of Hospitals

Special Issues: This was a new indicator for 2006. FY 2008 = 60 (JPHSA and Region V)**.**

Significance: Evidence-based practices have been shown to be effective and efficient treatment modalities that lead to positive outcomes

Action Plan: The EBPs that have been offered and that were reported on the surveys have not all been held to fidelity. Because measurement of EBPs not held to fidelity may not be meaningful, education on the EBPs, proper treatment focus, and accurate measurement will be a focus. The expectation is that data collected on EBPs held to fidelity will be more useful. The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

Name of Performance Indicator: Client Perception of Care

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Target
Performance Indicator	96	94	97	97
Numerator	206	79	72	--
Denominator	214	84	74	--

Table Descriptors:

Goal: The Office of Mental Health will improve the quality of care that is provided.

Target: A management information system that tracks consumer outcomes for children and youth in the Office of Mental Health community mental health centers will be fully implemented.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The percentage of Office of Mental Health consumers who rate the quality and appropriateness of services as positive. NOMS Indicator #4

Measure: Numerator: Number of OMH parents with children and youth with an emotional or behavioral disorder surveyed during the fiscal year (7/1- 6/30) through the LaFete (YSS-F) Survey process that report an overall grade of "C" or better on items numbered 1, 4, 5, 7, 10 and 11. Denominator: Total number of OMH parents of children and youth with an emotional or behavioral disorder surveyed.

Sources of Information: La Fete Survey, YSS-F (Youth Services Survey for Families)

Special Issues: This target was changed in 2006, and now reflects data that can be used in national comparisons as suggested by CMHS.
FY 2008 Actual = 72/74 X 100 = 97%
The decrease in numbers of persons surveyed is a reflection of a limited number of evaluators not being able to travel to all of the clinics in the state as well as a reduced number of participants to survey.

Significance: The most important measures of the effectiveness of the service system are consumer outcomes reflective of the highest possible quality of life.

Action Plan: The YSS-F is currently in place and being used.

The Block Grant indicators will be monitored through the Committee on Programs and Services of the State Mental Health Planning Council. The State Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and to recommend service system improvements to the Council.

Name of Performance Indicator: Child – Return to / Stay in School

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth who have been identified as having an emotional or behavioral disorder will have improved school attendance.

Target: Children and youth who have an emotional or behavioral disorder who are receiving mental Health services will have fewer days out of school.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The percentage of children and youth who have an emotional or behavioral disorder who receive mental health services from the Office of Mental Health that report more days in school after beginning mental health services compared to before starting to receive services. NOMS Indicator. URS Table 19B.

Measure: Numerator: The number of parents reporting improvement in child's school attendance (both new and continuing clients).
Denominator: The total responses (excluding Not Available's) (new and continuing clients) combined.

Sources of Information: TeleSage (System Pending)

Special Issues: This is a new indicator for the state. Please refer to the Action Plan.

Significance: Measuring the number of children and youth with an emotional or behavioral disorder who are able to improve their school attendance is a significant factor contributing to improved educational opportunities leading to improved capacity to qualify for further education and/or job placement.

Action Plan: The Office of Mental Health is currently evaluating an alternative methodology for collecting data for this indicator. OMH continues to explore the use of either an automated phone survey or an online survey via TeleSage. The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

Name of Performance Indicator: Child – Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children and youth who have been identified as having an emotional or behavioral disorder will not require the intervention of law enforcement.

Target: A decreasing number of children and youth with an emotional or behavioral disorder who are receiving mental health services will be arrested over time.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The percentage of children and youth who have an emotional or behavioral disorder who receive mental health services from the Office of Mental Health that are arrested in year subsequent to receiving services compared to the percentage arrested in the year prior to services. NOMS Indicator. URS Table 19A.

Measure: Numerator: Number of people who were arrested in T1 who were not rearrested in T2 (new and continuing clients combined). Denominator: The number of people arrested in T1 (new and continuing clients combined).

Sources of Information: TeleSage (System Pending)

Special Issues: This is a new indicator for the state. Please refer to the Action Plan.

Significance: Measuring the number of children and youth with an emotional or behavioral disorder who have decreasing exposure to arrest/incarceration is a significant factor contributing to improved community function.

Action Plan: The Office of Mental Health is currently evaluating an alternative methodology for collecting data for this indicator. OMH continues to explore the use of either an automated phone survey or an online survey via TeleSage. The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

ADULT – GOALS TARGETS AND ACTION PLANS Transformation Activities

Name of Performance Indicator: Increased Stability in Housing (Percentage)

(1) Fiscal Year	(2) FY 2006 Actual	(3) FY 2007 Actual	(4) FY 2008 Actual	(5) FY 2009 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Children, youth, and their families served by the Office of Mental Health will live in safe, secure, stable housing.

Target: A decreasing number of children and youth diagnosed with an emotional or behavioral disorder and their families who are receiving mental health services from the Office of Mental Health will need to use shelters for temporary residence of be homeless.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems

Indicator: The percentage of children and youth diagnosed with an emotional or behavioral disorder and their families who receive mental health services from the Office of Mental Health who are homeless or who have been living in shelters. NOMS Indicator # 7; URS Table 15.

Measure: Numerator: Number of Persons Homeless.
Denominator: From URS Table, all persons served with living situation, excluding (minus) persons with Living Situation Not Available.

Sources of Information: ARAMIS / PIP

Special Issues: This is a new indicator, and although data for this indicator can be obtained for prior years, Jefferson Parish Human Services Authority (JPHSA) has not been included (not available). As this is a new Indicator for the state, data collected will be used as a baseline for setting targets in FY 2010. Comparisons to previous years will need to be done cautiously given that data from JPHSA was not included in prior years.

Significance: Measuring the number of children and youth diagnosed with an emotional or behavioral disorder and their families who are homeless or in shelters will assist in developing resources to provide adequate housing opportunities for individuals, a significant component of the recovery movement.

Action Plan: The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

Name of Performance Indicator: Child – Increased Social Supports / Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Target
Performance Indicator	N/A	N/A	N/A	N/A
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: The parents of children and youth with an emotional or behavioral disorder who report having sufficient social support and interpersonal enjoyment.

Target: The parents of children and youth with an emotional or behavioral disorder who report that they agree or strongly agree that they are happy with their interpersonal relationships and feelings of being connected with their community.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems; 3: Children's Services

Indicator: The percentage of the parents of children and youth with an emotional or behavioral disorder who receive mental health services from the Office of Mental Health that report agreeing or strongly agreeing with statements on the YSS-F consumer survey related to social connectedness. NOMS Indicator.

Measure: Estimated number of children or youth who have an emotional or behavioral disorder, who are receiving services during the fiscal year (7/1 – 6/30) who report that they agree or strongly agree (score 4 or 5) with statements on the YSS-F survey addressing social connectedness (#23 to #26) divided by the total number of consumers sampled, expressed as a percentage.

Sources of Information: YSS-F Consumer Survey

Special Issues: NOTE: This will be a new indicator for the state. Data will be collected starting FY09

Significance: Measuring the number of children and youth with an emotional or behavioral disorder who experience good social connectedness will be an important indicator of the prognosis for recovery. It is a NOMS measure.

Action Plan: The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

Name of Performance Indicator: Child - Improved Level of Functioning

(1) Fiscal Year	(2) FY 2006 Actual	(3) FY 2007 Actual	(4) FY 2008 Actual	(5) FY 2009 Target
Performance Indicator	57	68	55	60
Numerator	122	54	41	--
Denominator	213	79	74	--

Table Descriptors:

Goal: The parents of children and youth with an emotional or behavioral disorder who report having improved ability to take care of themselves and independently manage their affairs.

Target: The parents of children and youth with an emotional or behavioral disorder who report that they agree or strongly agree that they are better able to manage themselves and situations to meet their needs.

Population: Parents of children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems;
3: Children's Services

Indicator: The percentage of the parents of children and youth with an emotional or behavioral disorder who receive mental health services from the Office of Mental Health that report agreeing or strongly agreeing with statements on the YSS-F consumer survey related to improved functioning. NOMS Indicator.

Measure: Estimated number of parents with children and youth with an emotional or behavioral disorder who are receiving services during the fiscal year (7/1 – 6/30) who report a grade of B or A (score 3 or 4) that they agree or strongly agree (score 4 or 5) with statements on the YSS-F survey addressing functionality (#'s 16, 17, 18, 20, and 22) divided by the total number of consumers sampled, expressed as a percentage.

Sources of Information: YSS-F Consumer Survey

Special Issues: The decrease in numbers of persons surveyed is a reflection of a limited number of evaluators not being able to travel to all of the clinics in the state as well as a reduced number of participants to survey. 2008 Actual = 55%

Significance: Measuring the number of the parents of children and youth with an emotional or behavioral disorder who experience improved functional ability will be an important indicator of the prognosis for recovery. It is also a NOMS measure.

Action Plan: The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

Name of Performance Indicator: Child / Youth Budget

(1) Fiscal Year	(2) FY 2006 Actual	(3) FY 2007 Actual	(4) FY 2008 Actual	(5) FY 2009 Target
Performance Indicator	15	16	19	19
Numerator	33,468,306	35,634,051	51,214,342	--
Denominator	221,142,706	229,832,931	269,060,700	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder and their families served by OMH will be provided with mental health services consistent with the System of Care principles.

Target: Expenditures for children and youth programs will be maintained at current levels when compared to the Office of Mental Health's total budget

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems

Indicator: The percentage of the Office of Mental Health total budget that is allocated to children and youth programs

Measure: Numerator: The actual dollar value of resources expended annually on C/Y
Denominator: The total dollar value of resources expended annually

Sources of Information: OMH Fiscal Report

Special Issues: FY 08 Actual = $51,214,342 / $269,060,700 X 100 = 19 %

Significance: Providing support to children and youth with an emotional or behavioral disorder can contribute to healthy families and communities

Action Plan: Appropriate expenditures and accurate accounting will continue to be provided ensuring the proper usage of Block Grant funds according to the allocations specified in the Intended Use Plans.

Name of Performance Indicator: Continuity of Care / CY

(1) Fiscal Year	(2) FY 2006 Actual	(3) FY 2007 Actual	(4) FY 2008 Actual	(5) FY 2009 Target
Performance Indicator	9.2	8.8	9.2	9
Numerator	931	1,186	607	--
Denominator	101	135	66	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder and their families served by OMH will be provided with mental health services consistent with the System of Care principles.

Target: The number of days between a consumer's discharge from a psychiatric hospital and follow-up visit to a community mental health clinic (CMHC) will be at a minimum in order to maintain continuity of care

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems

Indicator: The average number of days between a state psychiatric hospital discharge and a community mental health clinic aftercare appointment

Measure: Days reported on OMH- Integrated Information System (OMH-IIS)
Average = Number of days until follow-up divided by number of discharges
Numerator = sum of days from discharge to CMHC admit
Denominator = Discharges with aftercare visit within 45 days Time period (Lag fiscal year) - April 1- March 31

Sources of Information: ARAMIS, PIP

Special Issues: At discharge, patients are routinely given 3 weeks supply of medications, so 21 days will be the absolute limit for this time frame. FY 08 Actual = 9.2

Significance: One of the strongest predictors of community success after discharge from a state hospital is continuity of care

Action Plan: The Block Grant indicators will be monitored through the OMH Quality Council and through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Quality Council sponsors a quarterly Quality Forum that is designed to review OMH performance indicators and provide a venue for dialogues on system quality improvement strategies and action plans. The Forum is attended by a wide range of mental health stakeholders, including hospital and community quality management staff, and consumers and family members. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

Name of Performance Indicator: Parent / Caretaker Involvement in Treatment

(1) Fiscal Year	(2) FY 2006 Actual	(3) FY 2007 Actual	(4) FY 2008 Actual	(5) FY 2009 Target
Performance Indicator	97	94	97	97
Numerator	201	79	68	--
Denominator	207	84	70	--

Table Descriptors:

Goal: Children and youth with an emotional or behavioral disorder and their families served by the Office of Mental Health will be provided with mental health services consistent with the System of Care principles.

Target: Families reporting a sense of empowerment and enhanced advocacy services for children and youth with an emotional or behavioral disorder will increase.

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of parents / caretakers surveyed who report being actively involved in decisions regarding their children's treatment. Client Perception of Care: NOMS Indicator # 4

Measure: Numerator: Number of parents / caretakers surveyed giving a grade of "C" or better to Items #2, 3, and 6 on the La Fete Survey.
Denominator: Total Number of parents responding to items #2, 3, and 6

Sources of Information: La Fete, YSS-F (#2, 3, and 6)

Special Issues: FY 08 actual: 68/ 70 X 100 = 97%

Significance: Active involvement of parents in treatment generally assures that intervention is appropriate to child and family needs, more effective, and more likely to result in family stability and improved child functioning

Action Plan: The Block Grant indicators will be monitored through the Committee on Programs and Services of the Louisiana Mental Health Planning Council. The Planning Council Committee on Programs and Services is responsible for monitoring and evaluation of the mental health system and for recommending service system improvements to the Council.

Name of Performance Indicator: Planning Council Member Satisfaction / CY

(1)	(2)	(3)	(4)	(5)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Actual	FY 2009 Target
Performance Indicator	90	90.89	100	97
Numerator	--	--	--	--
Denominator	--	--	--	--

Table Descriptors:

Goal: Consumers, family members, and other stakeholders, are involved in policy decisions, planning, and monitoring of the mental health system

Target: Persons who represent children and youth on local, regional or state Planning Councils should regard and report their participation as a positive experience

Population: Children and youth diagnosed with an emotional or behavioral disorder

Criterion: 5: Management Systems

Indicator: The percentage of Planning Council members whose primary interests are in children and youth who report positive feedback about their involvement in the Planning Council

Measure: Numerator: Number of child and youth council members who give positive feedback about their council involvement
Denominator: Number of child and youth council members

Sources of Information: Meeting Evaluation Surveys

Special Issues: FY 2008 Actual = 100%

Significance: If council members report that they are involved it is likely that OMH is providing an environment conducive to stakeholder partnership

Action Plan: The Planning Council will continue to survey its members at each meeting and request suggestions for improvement.